1999

Applied ethics in mental health in Cuba: Concepts, values, dilemmas and resources

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APPLIED ETHICS IN MENTAL HEALTH IN CUBA: CONCEPTS, VALUES, DILEMMAS AND RESOURCES.

By

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THESIS

Submitted to the Department of Psychology

in partial fulfilment of the requirements

for the Master of Arts degree

Wilfrid Laurier University

1998

To Isaac Prilleltensky

Because your work, human qualities, sense of solidarity and moral integrity are exemplars of lived ethics.

Acknowledgements

I would like to express my gratitude to the Ford and MacArthur Foundations for showing their faith in me and my professional work by financing my graduate studies in psychology in Canada. In particular, I would like to thank Patricia Link and Teresa San Román for their support, their encouragement and the attention they have given me during my studies. Also, my thanks go to the Ministry of Education of the Province of Ontario for the financial support received through an Ontario Graduate Studies Scholarship and to Wilfrid Laurier University for the help and support I have received as an International student.

I thank the researchers who initiated the research on "applied ethics in mental health," Richard Walsh-Bowers, Amy Rossiter, and Isaac Prilleltensky, for having invited me to participate in this study. My involvement in the study has resulted in a very valuable personal and professional experience. I thank the thesis committee members, Geoff Nelson and Richard Walsh-Bowers for their comments and contributions in the making of this document.

I also want to thank Elma Schweigert for her patience and collaboration in the translation of this thesis into English.

Special thanks go to the participants of the study, our Cuban colleagues, for their kind hospitality, friendly disposition, and their interest in the development of this thesis.

Finally, my most sincere thanks to Isaac Prilleltensky for his leadership and support in each one of the stages of this pleasurable and challenging experience of academic and professional growth in Canada. I appreciate enormously his professionalism and knowledge in the completion of this thesis.

Abstract

In this thesis I studied the concepts of applied ethics of mental health professionals in Cuba. In the thesis, I discuss the values that guide Cuban professionals in their work, the dilemmas they encounter, the resources that facilitate solving ethical dilemmas and the barriers they encounter in addressing them. In addition, I present recommendations for the prevention of harm in professional practice.

In the first part of the literature review, I critique traditional concepts of applied ethics prevalent in North America. These concepts are criticized for their lack of applicability to the working life of the professional. An alternative model is proposed which is based on qualitative, critical and feminist theories. In the second part of the literature review, I describe the socio-political context in Cuba since the Revolution, the achievements accomplished by it, and the present challenges faced by professionals in mental health. The similarities between the values of Cuban society and the values of community psychology are presented.

This qualitative study used a participatory method that made use of interviews and focus groups to gather experiences in ethics from the perspective of people that experience moral dilemmas and conflicts. The results indicate that Cuban professionals espouse collectivist notions of ethics in which civic duty and social values play a key role. In the discussion section I draw comparisons between concepts of ethics predominant in North America and in Cuba. The comparison is organized according to the following dimensions: values and concepts of applied ethics, scope and relevance, dilemmas and decision-making processes, resources and limitations to solve ethical dilemmas, and

prevention of harm. Practical and theoretical recommendations emerging from the study are made. In ending, mention is made of the limitations and contributions of the study, and of the personal experience and knowledge acquired by the author since embarking in this study.

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Context of the Study

This thesis was part of a project on "applied ethics in mental health" carried out by Drs. Richard Walsh-Bowers and Isaac Prilleltensky from the Department of Psychology at Wilfrid Laurier University, in Waterloo, in collaboration with Dr. Amy Rossiter of Atkinson College, York University in Toronto. This project was financed by a Social Sciences and Humanities Research Council of Canada Grant received in 1994. The project consisted of a 3-year study of the ethical dilemmas of mental health workers in North America. Previous to the present study four other studies were completed in different localities in various Canadian provinces. The purpose of my research is to extend the project to another country where the ethical dilemmas that are encountered differ significantly from the ethical dilemmas experienced by professionals in North America.

In general, and particularly in Latin America, there are very few studies that refer to applied ethical dilemmas encountered by psychologists in their practice. Through this study I hope to contribute to applied ethics in psychology, and to the practice of applied ethics in psychology in Cuba.

The same methods and techniques as those utilized by the main researchers in the four previous studies were used for the research in Cuba. This study is a qualitative one, based on interviews and focus groups, and on the discussion and analysis of the results with key informants. The interviews and focus groups were used to understand the ethical dilemmas experienced by psychologists and other mental health professionals working in Cuba.

Twenty-eight mental health professionals were interviewed, mainly psychologists,

in the cities of Santiago de Cuba and Havana, between October 4 and 15, 1997. Although the sample for this study included psychologists, pedagogues, psychiatrists, philosophers, the vast majority of participants were psychologists (23 out of 28). Given that the sample consisted of 4 professional groups, for reasons of convenience, I will refer to the groups of participants as mental health professionals. At times I will refer only to psychologists because the subject matter discussed applies only to them. That was the case when discussing codes of ethics for instance.

This study consisted of five main phases: (1) the researchers, Dr. Isaac Prilleltensky and I, traveled to Cuba to carry out the interviews; (2) the interviews were transcribed and a summary of the results was prepared; (3) there was a discussion of the results with the team of main researchers; (4) two key informants came to Canada to give feedback on the findings of the study; and, (5) the key informants who visited Canada gave feedback to the participants of the study in Cuba.

As a Mexican student training in Canada, I had a keen interest in getting to know Cuban society. Both in Mexico and Canada we receive distorted information about Cuban society. I may have held some prejudices about the tiny socialist country. It was important for me to get to know first hand the accomplishments and/or disadvantages of Cuban society.

I welcomed the opportunity to check my assumptions about Cuba. This research trip provided me with an excellent opportunity to see the work of professionals in my field in Cuba, and to see the status of women in a socialist country. Through the eyes of our participants in the study I learned not only about ethics but also about the struggles of

Latin-Americans striving for independence and autonomy. Not surprisingly, I learned that there are many advantages and disadvantages to living in Cuba. For myself, the study was instrumental in fostering personal growth and a more sophisticated understanding of cross-cultural dialogue.

Literature Review

Applied Ethics in Mental Health

Definition of Applied Ethics

A general definition of ethics refers to it as a philosophical discipline which studies morality (Callahan, 1988); specifically, as the discipline that studies actions which determine correct or incorrect decisions (Reiser, Bursztajn, Appelbaum, & Gutheil, 1987). The study of ethics is composed of three parts: a theoretical part, known as (1) metaethics, (2) theoretical normative ethics; and a practical part called (3) applied ethics (Callahan, 1988). These are described below.

Metaethics focuses on the meaning of moral terminology (for example, good, bad, correct, incorrect), on the justification of moral discourse, and on the process of exchange of moral judgement with others. *Theoretical normative ethics* studies the elaboration of moral judgment. This area consists of three dimensions: moral axiology, which includes theories of good and evil; virtue ethics, encompassing theories of the ideal moral character; and the theory of moral obligation, which focuses on actions and practices that are morally permissible or not permissible. *Applied ethics* concentrates on the solution of concrete moral problems encountered in everyday life and which require immediate solution (Callahan, 1988). In this study the concept of applied ethics is understood as the systematization and the practical application of ethical criteria to fundamental professional decisions (Canadian Federation for the Humanities, 1989).

Approaches to Applied Ethics in Mental Health

When thinking of professional ethics the typical picture that comes to mind is that

of a trained professional referring to cognitive models to solve difficult situations. This is a highly mechanistic approach to ethics that is quite devoid of contextual information that permeates ethical dilemmas (Hill, Glaser, & Harden, 1995; Rossiter, Prilleltensky, & Walsh-Bowers, in press). The vision of ethics adopted in this study is based on four postulates that challenge the traditional approaches to the study of ethics.

Case study based on grounded experiences. The goal of the traditional model in ethics is to provide universal rules that can be applicable to specific cases (Jordan & Meare, 1990). These generalizations adjust poorly to the particular cases of people who suffer the conflict or dilemma, because they are taken out of the context where the conflicts occur (Attig, 1995; Jordan & Meara, 1990; Reamer, 1990). The framework on which the present study is based considers it fundamental (1) to focus applied ethics on the individual or community histories (Attig, 1995), and (2) to understand ethics from the experiences of those who face the dilemmas (Appelbaum, 1987; Bursztajn, Gutheil, & Cummins, 1987; Doherty, 1995; Holland & Kirkpatrick, 1991; Prilleltensky, Rossiter, & Walsh-Bowers, 1996; Woody, 1990).

Professional is value-laden. Traditional professional and scientific practices promote the idea that science is free of moral values (Brown, 1997; Prilleltensky & Fox, 1997). This false illusion of moral neutrality obscures moral shades (Bursztajn et al., 1987; Kultgen, 1988), leads to the negation of personal values (Fairbain & Fairbain, 1987), and to the neglect of moral reasoning (Felkenes, 1980). Health professionals must not, nor can they, maintain a neutral position. If they adopted a neutral position towards the state, problems would continue to be seen as the sole responsibility of the individual, without

questioning or changing the established social order (Brown, 1997; Mack, 1994; Prilleltensky & Fox, 1997).

Ethics as delimited by social context. The majority of professionals promote an individualistic ethic centred on the professional-client relation, leaving aside the social context (Felkenes, 1980). In this study the need for a professional sensitive to the social reality is described (Woody, 1990). The socio-cultural values, socio-economic structures, and the organizational dynamics where the professional works are all relevant to ethical decisions that professionals make (Lacey & Schwartz, 1996; Reiser et al., 1987; Prilleltensky & Fox, 1997; Woody, 1990).

To some extent, the ethical problems experienced in the interpersonal domain are a reflection of political and social conflicts at a larger scale (Fairbairn & Fairbairn, 1987). Therefore, it is up to health professionals to denounce and change, where at all possible, perceived social injustices (Appelbaum, 1987; Callahan, 1988). This difficult task implies challenging the macro-social structures which do not lead to social well-being (Kultgen, 1988).

Ethics in close relation with work politics. In the four studies on "applied ethics in mental health" conducted by Walsh-Bowers, Rossiter, and Prilleltensky, "internal politics" or "abuse of power" were frequently mentioned (Prilleltensky, Walsh-Bowers, & Rossiter, 1998; Rossiter et al., 1998; Rossiter, Walsh-Bowers, & Prilleltensky, 1996; Walsh-Bowers, Rossiter, & Prilleltensky, 1996). Interestingly, these issues were not conceptualized in ethical terms. The internal politics were seen as "a part of life" or "occupational annoyances" which have to be faced daily. The interviewees place their

moral responsibility in the adherence to the professional ethics code and in the cognitive schemes of conflict resolution. I maintain that "work politics" are the social relations of ethics (Rossiter et al., in press).

In a study conducted by Walsh-Bowers, Rossiter, and Prilleltensky (1996), it was found that interpersonal and organizational dynamics were the primary ethical concerns of participants. The social workers who participated in that hospital study reported frequent conflicts with other professionals as to what constitutes client well-being. They often differed from physicians as to the rights of clients for privacy and self-determination. I found that conflicts with colleagues were more prevalent than ethical dilemmas with clients. The study showed that organizational realities influenced the definition and interpretation of applied ethics (Walsh-Bowers et al., 1996).

Following these basic premises there is a short description of (1) ethical values, (2) the role of professional ethics, (3) three codes of ethics in psychology in North America, (4) the main dilemmas in the field of mental health, (5) ending with a proposal of a participative model to study applied ethics.

Ethical Values

Moral principles or rules, in and of themselves, are not enough to act ethically. In addition, it is also required to develop a set of personal values which would become part of the individual's character. A person with a defined virtuous moral character knows better what to do and has a better probability to act according to moral ideals (Kitchener, 1996a, 1996b; Pettifor, 1996). Woody (1990) indicates that a strong professional conscience is required to direct and evaluate our own thoughts, emotions, and behaviours.

Ethical principles guide us on "how to act," as opposed to virtues which tell us "how to be" (Kitchener, 1996a). The former answer to the question "what shall I do?" while the latter refer to "how shall I be?" (Jordan & Meara, 1990). Principles are guides to make decisions and to act, they are rules and codes of conduct; and the virtues reflect the internal composition of the personal character. Jordan and Meara (1990) assert that professional maturity and the internalization of professional virtues are a prerequisite for the competent application of ethical principles.

Lacey and Schwartz (1996) define moral value from an individual or personal point of view, giving it the following connotations: reason to act, an aspiration that guides our ideal of how we want to be, a formative quality of personal identity, criteria to discern what is good and what is bad given various options, criteria of behaviour toward oneself and others, interpersonal relations with others which lead to a full life.

The following definitions of moral value are centred on the individual as well as on social well-being. Callahan (1988) talks about values as the issues that cover the rights and the well-being of oneself and others. Baier (1973) and Kekes (1993) refer to moral values as the service that human beings provide to other individuals and communities. Following this line, Prilleltensky (1997) describes moral values as *"entities, ideas or predispositions to act which have the potential to promote a good life and a good society"* (p. 520). In this study, moral values or virtues are understood as the intentions and actions which lead to personal and societal well-being.

Some argue that the work of the professional in the area of mental health should be guided by: fidelity, prudence, discretion, perseverance, courage, integrity, vigor,

benevolence, humility, and hope. For some, these are the essential virtues that lead to the development and strengthening of a moral professional character (Jordan & Meara, 1990). Other virtues frequently listed in the literature refer to justice, autonomy, non-malice, and benevolence (Dokecki, 1996; Hill et al., 1995; Jordan & Meara, 1990). However, these virtues turn out not to be very clear in their prioritization when a decision needs to be made as to the greatest benefit (benevolence) and to not harm (non-malice) (Hill et al., 1995; Jordan & Meara, 1990). For Dokecki (1996) the virtues (values) that need to prevail in the professional-client relation are: justice, courage, honesty, trustworthiness, prudence, and caring.

Doherty (1995) calls upon professionals to lead their practice based on values reflecting fundamental elements of human experience. He insists that these be included in the therapeutic dialogue, instead of avoiding them or negating them in the name of scientific professionalism. The virtues mentioned by Doherty (1995) are: commitment, justice, trustworthiness, community, caring, courage, and prudence.

Prilleltensky (1997) puts emphasis on community and social justice values. This author maintains that the promotion of "the good life and the good society" is based on the values which are briefly described below:

Caring and compassion. This value alludes to the concern for the physical and emotional well-being of others.

Self-determination. This value refers to the ability to lead our own lives.

Human diversity. This value promotes respect, recognition, and appreciation of different social identities.

Collaboration and democratic participation. This value calls for the promotion of peaceful, respectful, and egalitarian processes, where the opinions of citizens are taken into consideration. This value strengthens solidarity and develops a sense of community.

Distributive justice. This value emphasizes the search for a fair distribution of goods and opportunities so that they could be enjoyed by all social groups equitably.

Everyone of these values is by itself insufficient, they have to be integrated as a group of values (Prilleltensky, 1997). Care and compassion for others moves us to promote the well-being of the people close to us, but the search for social justice moves us to act beyond our social circle (Prilleltensky, 1997). Specialists in this subject of professional moral and ethics (Doherty, 1995; Lacey & Schwartz, 1996; Prilleltensky, 1997) criticize the discourses that talk about moral values as part of the private sphere of an individual.

Professionals need to have a clear understanding of the values which they are promoting, because these values, consciously or subconsciously, have an influence on their professional actions. Prilleltensky (1997) maintains that values, assumptions, and practices are closely related, because the assumptions that professionals make about their clients are influenced by their values. A psychologist who gives great importance to the value of interdependence will focus on the client's problems in social terms instead of reducing them to an intra-psychic term. The same author emphasizes that part of the moral responsibility of professionals is to clarify their values, models, and ideals about the well-being of the individual (good life) and of the collective (good society), and to search for ways of translating these values into actions.

Professional Ethics

Kultgen (1988) mentions four different meanings of the term *professional ethics*: (1) the ideal moral norms required in the work done by the professional, (2) the common guidelines or norms followed by the majority of professionals, (3) the elements involved in the professional codes of ethics developed by professional associations, and (4) the presumed agreement between professionals and the society. I concern myself primarily with the two first notions of professional ethics.

As noted below, many authors agreed that there is a crisis of discourse and moral values, not only on the professional level but also on the social level. This "moral ignorance" fed by liberal philosophies of self-sufficiency and individualism decreases the capacity of moral reflection and contributes to the confusion of values (Prilleltensky, 1997). The moral crisis which I am referring to is reflected (1) in the inability of students and professionals to identify moral problems as such (Appelbaum, 1987), (2) in inapplicable ethics codes (Felkenes, 1980), (3) in the absence of research to understand how a certain profession is conceptualized in ethical terms (Felkenes, 1980), (4) in the lack of attention to the study of ethics in the areas of health and social sciences - specifically in psychology and social work- (Brown, 1997; Callahan, 1988; Fairbairn & Fairbairn, 1987; Holland & Kilpatrick, 1991; Welfel & Kitchener, 1992), and (5) in the invocation of ethics only in special occasions when the professional is faced with serious moral/ethical dilemmas (Loewenberg & Dolgoff, 1985).

Educators have concentrated on technical training of work skills to the neglect of moral training (Callahan, 1988; Loewenberg & Dolgoff, 1985). It seems that professionals

think that by being a professional in a specific discipline they automatically promote public well-being (Brown, 1997; Callahan, 1988; Doherty, 1995; Dokecki, 1996; Kultgen, 1988). Therefore, the teaching of ethics should concentrate on defining the role of the professional based on the vision of Alan Wolfe, by *"trying to implement a sense of moral obligation in the common well-being, in ordinary emotions, in everyday life... to help people discover and apply for themselves the moral virtues which they, as social beings, possess"* (Doherty, 1995, p. 19).

It is very important for professionals to reflect and take responsibility of the implications of their actions. There are ethical implications and ethical aspects in almost every professional decision (Loewenberg & Dolgoff, 1985). Decisions as to the most efficient way of administering a public aid program lie in ethical judgements (Reamer, 1990). Similarly, the theoretical approach with which we justify our clinical practice reflects an ethical position (Bursztajn et al., 1987). Therefore, knowledge and reflection on professional ethics would help professionals to improve their conscience and responsibility for the choices they make or not make (Bursztajn et al., 1987).

Professional Codes of Ethics

Codes of ethics are intended to protect the welfare of the client and ensure the competency of the profession (Corey, Corey, & Callanan, 1993; Larsen & Rave, 1995; O'Donohue & Mangold, 1996). Codes specify the responsibility of professionals and guide them towards the desired values and attitudes (Corey et al., 1993; Larsen & Rave, 1995; Loewenberg & Dolgoff, 1988). Moreover, they offer a frame of reference for the decision-making processes and represent measures for the legal defense of the professional

(Corey et al., 1993). In short, the code of ethics is, primarily, a form of social contract between professionals and the public they serve (Larsen & Rave, 1995).

I review below the main codes of ethics for psychologists in North America: the codes principles of the American Psychological Association (APA), the Canadian Psychological Association (CPA), and the Feminist Therapy Institute (FTI). The professional ethics code of Cuban psychologists is mentioned in the paragraph titled "applied ethics in mental health in Cuba."

The ethics code of the American Psychological Association (APA) consists of six principles: (1) competence, (2) integrity, (3) professional and scientific responsibility, (4) respect for people's rights and dignity, (5) concern for the welfare of others, (6) social responsibility. These principles are followed by a description of ethical criteria (American Psychological Association, 1992, 1996; Larsen & Rave, 1995; O'Donohue & Mangold, 1996). APA has developed various versions of its code in 1953, 1958, 1963, 1968, 1977, 1979, 1981, 1990, and the last version in 1992. These revisions were necessary due to changes from the original approach to ethics (O'Donohue & Mangold, 1996). Neukrug, Lovell, and Parker (1996) consider that these changes in the criteria of the APA are to a certain extent a reflection of the change in values in society.

The ethics code of the Canadian Psychological Association (CPA), in its last version prepared in 1991, include four principles: (1) respect for the dignity of people, (2) responsible caring, (3) integrity in relationships, and (4) responsibility to society. After the description of each principle follows a value statement list to illustrate the application of each principle and the values psychologists should follow. There is a decision-making

model included with this code (Canadian Psychological Association, 1991, 1996; Larsen & Rave, 1995).

The ethical guidelines for feminist therapists developed in 1987 by the Feminist Therapy Institute (FTI) include the following sections: (1) cultural diversities and oppressions, (2) power differentials, (3) diverse relationships, (4) accountability of the therapist, and (5) social change (Feminist Therapy Code of Ethics, 1995; Lerman & Porter, 1990). This code was developed to provide better orientation on subjects not considered in the traditional codes of ethics (Larsen & Rave, 1995).

Critics of codes of ethics for mental health professionals maintain that the codes are developed by a few professionals with little input from the public. Therefore, they do not represent the consensus of the majority of professionals or of the public (Brown, 1997; Doherty, 1995; Jordan & Meara, 1990; Kultgen, 1988; Prilleltensky et al., 1996). These codes protect the interests of professionals instead of concentrating on the well-being of the users (Prilleltensky, 1997; Prilleltensky & Fox, 1997; Prilleltensky et al., 1996). The clients are conceptualized as passive receivers of the service who are not equipped to comment on the ethics of the relationship (Fairbairn & Fairbairn, 1987).

Many authors agree that there is a tendency in the ethics codes in mental health to be "reactive" instead of "proactive." Moreover, they are based on rules of conduct that do not reflect the daily reality of the worker (Brown, 1997; Corey et al., 1993; Eberlein, 1987; Holland & Kilpatrick, 1991; Kultgen, 1988; Lerman & Porter, 1990; Neukrug et al., 1996; Prilleltensky, 1997; Prilleltensky et al., 1996; Woody, 1990). Another strong criticism is the generalization and abstraction with which the ideals and codes of principles

are written, leaving them open to various interpretations (Fairbairn & Fairbairn, 1987; Felkenes, 1980; Kultgen, 1988; Woody, 1990). When facing a dilemma it is difficult to interpret the terms formulated in the codes, such as, "integrity," "client welfare," "client self-determination," "confidentiality," etc. (Woody, 1990). The reality is much more complex than what the guidelines suggest and so many situations cannot be resolved following the code (Attig, 1995; Callahan, 1988; Fairbairn & Fairbairn, 1987; Larsen & Rave, 1995; Neukrug et al., 1996; Prilleltensky, 1997).

Larsen and Rave (1995) believe that although the Feminist Therapy Code of Ethics is meant to be an addition to the traditional codes of ethics, it fails to be all encompassing and often it is difficult to interpret the guidelines to adapt them to a particular situation. Feminists (Brown, 1997; Lerman & Porter, 1990) put emphasis on the fact that the traditional codes do not challenge the power differentials between professionals and clients, nor do they examine the values, premises, and assumptions originated by their formulation. Callahan (1988), in a similar vein, challenges the lack of critique of the codes of the present social system and of the conception of the profession as such.

In her comparison of the APA and the CPA ethics codes, Sinclair (1996) found that the differences are in the purpose, the structure, and the underlying philosophy of each of these codes. The APA code offers greater details in its application of the criteria, although in some instances it seems that the lack of examples to some of the psychologist's activities excludes these areas from professional practice. The CPA code is useful because it offers an explicit ethical framework and an ethical decision-making model to solve ethical dilemmas; it is considered a good educational tool (Eberlein, 1987;

Pettifor, 1996; Sinclair, 1996). However, this code does not have detailed examples as to the application of its principles. In the more recent versions of both codes one can see greater attention to issues related to: vulnerability and harm, self-knowledge of the professional, protection of the public, and responsibility of the professional toward society, as well as the inclusion of ethical ideals (Sinclair, 1996).

Ethical Dilemmas

Kitchener (1984) defines the *ethical dilemma* as a problem where none of the potential solutions seem to be satisfactory, and the dilemma gets more complicated with the variation of elements to be considered. The personal and professional values, the ethical codes, the civil laws, knowledge of the profession, and/or the personal feelings tend to conflict with each other in certain situations (Hill et al., 1995).

For Callahan (1988), moral dilemmas refer to situations where some important value has to be sacrificed: the loyalty to a colleague, a client's right to privacy and confidentiality, a client's welfare, the public's well-being, personal integrity, or personal interest.

The professional is not exempted from harming the client, given that human relations require negotiation and the balance between the different interests of professionals, clients, third parties, other colleagues, and of labor and socio-political organisms. This is why the professional must pay close attention to the subtle forms of abuse of power, such as: assuming to know what is best for the client, minimizing clients' autonomy by excluding them from decision-making processes, stigmatization of clients by labeling them with deficit-oriented labels of intellectual or psychological incompetence,

defining problems exclusively in intra-psychic terms, and not confronting social injustices (Prilleltensky, 1997).

The main dilemma encountered in the literature is the one of power imbalance or abuse of power by the professional (Brown, 1997; DeVaris, 1994; Dokecki, 1996; Hill et al., 1995; Loewenberg & Dolgoff, 1985; Mack, 1994; Prilleltensky et al., 1996; Rossiter et al., 1996; Woody, 1990). Other dilemmas mentioned by Clark and Abeles (1994) include: the decision of who will receive treatment given the limited resources of institutions, the assurance that clients' file information will be strictly confidential, the decision of what actions should be taken with the client that is of potential danger to others, the decision of whether the client has a right to determine what use will be given to the information and to what extent he/she will have access to this information. These decisions get even more complicated in family therapy and couples therapy where the interests of several people might conflict (Beamish, Navin, & Davidson, 1994).

Conceptual Models of Applied Ethics: Restrictive and Participatory

The traditional model of applied ethics, which is removed from the daily experience of the worker, can be identified as *restrictive*. The alternative model, which includes contributions of the client to the definition of applied ethics, can be called *participatory*. Following is a comparison of the two models developed by Prilleltensky et al. (1996).

Power and Control. In the restrictive model control and power are in hands of the professional who decides what is best for the client. The client has minimal power of intervention in his/her treatment. For the participatory model the process of decision-

making and conflict resolution is shared by the professional and the client through an open dialogue.

Decision-Making. In the restrictive model the decisions are taken by the professional based on moral rules and codes of conduct supported by cognitive decision-making schemes. In the participatory model more balance between the moral principles, the subjectivity of those involved, and the decision-making processes contextualized in the reality of the participants is sought.

Scope. The emphasis of the restrictive model is in ethics as an individual issue of abstract reasoning, in the narrow definition of what constitutes an ethical issue, and in reproducing the status quo. This emphasis is in contrast with the participatory model where the emphasis is put on the individual and on social responsibility, on the broad definition of what constitutes an ethical issue, and on the challenge of the status quo.

Relevance. In the restrictive model ethics is removed from everyday practice. Individuals experiencing ethical dilemmas do not see themselves reflected in the cases presented, whereas in the participatory model ethics is the basis of professional practice. The cases to be analyzed reflect the real situation as experienced in the everyday life of the professional and the client.

Conceptions of Harm. In the restrictive model harm is regarded as aberrant behaviour by some professionals. There is little attention given to the subtle forms of harm inflicted by the professional. In the participatory model harm is regarded as the potential which is present in all professionals.

In the following section I discuss qualitative, critical, and feminist approaches.

These approaches are helpful in confronting the limitations of traditional models of applied ethics.

Challenges for Applied Ethics in Mental Health

Throughout my revision of the literature the influence and predominance of traditional restrictive views of applied ethics were stressed. This proposal is based on the promotion of a participatory model which is based on a qualitative, critical and feminist approaches. These three approaches complement each other. Following is a brief description of the main tenets that each of these approaches promote to improve applied ethics in the field of mental health.

Qualitative theory. Due to the lack of attention to the subjectivity of people involved in ethical conflicts, and to the dilemmas involved in decision-making processes, it is suggested to concentrate on ethical dilemmas from the point of view of those experiencing them in their daily work (Holland & Kilpatrick, 1991; Prilleltensky et al., 1998).

Critical theory. Critical theory derives from the Frankfurt School of thought in Germany. This school was associated with the Institute for Social Research, which was founded in 1923 and located at the University of Frankfurt. Prominent figures of this school included Theodor Adorno, Herbert Marcuse, and Max Horkheimer (Bullock, Stallybrass, & Trombley, 1988). The main tenets of critical theory are that research and action should serve the purpose of social transformation. They sought to infuse Marxism into the social sciences, with a view towards merging social and academic concerns. The main contribution of critical theory in the social sciences has been to demonstrate the role

of power in knowledge (Bullock et al., 1988).

Critical theory postulates that "the good life" and "the good society" should be based on equity and justice (Prilleltensky et al., 1998). This theory maintains that many human problems derive from inequalities or abuse of power of an oppressive social system, and not necessarily from internal conflicts of individuals (Mack, 1994). This lack of power causes a sense of helplessness and powerlessness in people in their everyday life. Individuals who suffer a sense of powerlessness are mainly children, women, refugees, minority groups, victims of political oppression, and the poor. This is why the emphasis of the critical approach is on motivating people to discover their inner power and develop communities (Mack, 1994).

The implications of this critical analysis of applied ethics is to scrutinize differences of power, decision-making processes, and the concepts of harm in professional relationships. This approach implies not only careful study of the dynamics of professional/client relationships, but also questioning the forces that shape the therapeutic relationship, such as socio-cultural norms and expectations (Prilleltensky et al., 1998).

Feminist theory. Feminist theory confronts the traditional concept of "science" that views science as value-free neutral. It advocates for a social and political change to improve the quality of women's lives. Feminist theory enhances women's voices by incorporating their experiences into theory, thus enriching our understanding of human nature. This approach promotes the development of different theories and methods, which incorporate subjectivity, values, diversity, flexibility, researcher's background, and the acknowledgement of the analysis of power differentials (Wilkinson et al., 1991).

Feminist theory criticizes patriarchal domination and the promotion of hierarchal relationships by the restrictive model. Feminist theory considers that any strategy used to take away power from the client needs to be considered destructive (DeVaris, 1994). This theory maintains that to eradicate the domination and exploitation of women it is necessary to consider the specific conditions and places of each case where oppression is taking place (Prilleltensky et al., 1998). Feminist theory challenges the professional to review all the possible forms of racial discrimination, ethnicity, social status, sexual orientation, and gender which can occur in a professional relationship (DeVaris, 1994; Larsen & Rave, 1995; Prilleltensky et al., 1998). This approach motivates both the professional and the client to assume an active role in the promotion of social change (Larsen & Rave, 1995).

The feminist model of ethical decision-making, developed by feminists Hill, Glaser, Harden (1995), and others, differs from the cognitive approaches proposed by the dominant models. Values and beliefs, gender preferences, race, class, and sexual orientation, are all considered to have an influence in the perceptions of the people involved in ethical dilemmas. The client, in the feminist approach, is involved as much as possible in the various steps of the decision-making process. Following is a brief description of the various steps of this model.

Recognizing the problem. The feelings of discomfort of the professional are the first indication that an ethical dilemma exists.

Defining the problem. In this step the personal characteristics and values of the professional, which could have an influence on how he/she defines the problem, are

identified.

Finding solutions. The first step is to observe the intuitions and feelings associated with each of the proposed alternatives. Later the professional has to determine if the proposed solution is the most practical and prudent solution.

Choosing a solution. Here the professional needs to ask himself/herself if the chosen solution is emotionally and cognitively speaking the best solution, and if this solution takes into consideration everyone's needs, if the professional feels comfortable with the decision.

Reviewing the process. During this step the clinician needs to (a) analyze how the values and personal characteristics of the professional might be influencing his/her choice of a solution, and (b) reflect if another professional in the same situation would have made a different choice. The professional should ask him/herself if he/she would like to be treated the same way.

Implementing and evaluating the decision. The tasks in this step are (a) to observe the consequences of the final choice, and (b) to make a continuing evaluation of the ethical dilemma and of the effectiveness of the solution chosen.

Continuing reflection. Finally, the professional has to reflect on the lessons learned from this situation, to ask oneself what could be done differently if facing a similar dilemma.

In the next section there is a description of the political and cultural context of the Cuban society that I included to contextualize the research. There is also mention of the model of mental health in Cuba and the role of the psychologist, as well as the similarity

between the values of community psychology and the values of Cuban society.

Social Context in Cuba

Political and Social Context in Cuban Society

Cuba, known as the key of America, has a privileged geographical location in the Atlantic Ocean; it connects Latin America with North America. It also has many other benefits as an island of enormous natural beauty and natural resources, with a very defined cultural identity. This is why historically Cuba has suffered constant invasions by Spain, England, and in the last century by the United States.

This Caribbean island, with a population of some eleven million people, is a country located in Latin America which has rocked the world with its revolution, being the only socialist country of the American continent (Ardilla, 1986; Eckstein, 1993; Ellwood, 1998; Meeks, 1993).

In 1959, with the triumph of the Cuban Revolution, a government program based on national sovereignty, social justice, nationalism, and egalitarianism was begun. This new government, headed by Fidel Castro, was supported and legitimized by the oppressed population, which participated in the process of social change (Centeno & Font, 1997). Castro emphasizes that Cuba has its own form of democracy and that *"there is no country in the world where people participate in the shaping of their own fate as much as in Cuba"* (Eckstein, 1994, p. 115).

This new form of government is characterized for basing itself on mass mobilization (Meeks, 1993). The position of the leaders of the revolution was clearly defined by the main revolutionary, Ernesto "Che" Guevara, when he referred to the search

for new values which would lead to the making of the "new man" (and woman)(Ellwood, 1998): *"Egalitarian, selfless, cooperative, non-materialistic, hardworking, and morally correct"* (Eckstein, 1994, p. 4).

The 1980s represented for Cuba the "golden decade," experiencing the peak in creativity of social developmental politics. The provision of resources to take care of the basic needs of the entire population was achieved toward the end of this decade: excellent free health care, guaranteed education extended up to post-graduate studies, reduction of infant mortality, declining fertility rate, provision of day care, housing, increments in social security, and provision of social welfare (Eckstein, 1994; Ellwood, 1998; Torre & Calviño, 1996). With this social developmental politics, it was possible to eradicate poverty and malnutrition, and do away with chronic unemployment (Ellwood, 1998; Torre & Calviño, 1996). By abolishing the legalization of racial and gender discrimination, social inclusion was favored, and there was an increase in employment opportunities for women (Eckstein, 1994; Ellwood, 1998; Meeks, 1993). There were also structural changes in the economy, such as the diversification away from sugar mono-culture economy toward other types of agriculture, manufacturing, and capital growth on industrial goods (Meeks, 1993). Additionally, there were funds allocated to research and more importance was placed on scientific and professional activities in the country (Torre & Calviño, 1996).

All of the advances achieved in the eighties turned to extreme difficulties in the nineties. With the collapse of the Soviet Bloc, which has accounted for some 85% of Cuba's foreign trade, Cuba's economy plummeted; adding to these difficulties was the economic blockade or "embargo" imposed by the United States to countries of the Third

World, threatening them to cut off their subsidies if they established negotiations with Cuba (Centeno & Font, 1997; Eckstein, 1994; Ellwood, 1998; Meeks, 1993; Torre & Calviño, 1996). The country suffered an economic collapse losing more than 40 million dollars and experiencing a reduction of almost two-thirds of the availability of petroleum (Eckstein, 1994; Torre & Calviño, 1996). The country continues to experience "a war type economy in times of peace" which requires sacrifices and reforms to save the revolution (Eckstein, 1994).

The revolution's biggest challenge is *"to create a pluralistic, participatory democracy based on social justice while finding an independent place in the emerging global economy"* (Ellwood, 1998, p.19). The term uses by Cubans to describe this period which prevails to date is "special period." This term explains the hardships and justifies initiatives offered to address the crisis (Centeno & Font, 1997; Ellwood, 1998). This special period has disrupted the socio-cultural and scientific life of the country (Centeno & Font, 1997; Torre & Calviño, 1996).

"The paradox presently in Cuba is that the government, having satisfied many of the basic needs, is calling for greater sacrifices at a time when people more than ever want consumer goods and the economy is least able to provide them" (Meeks, 1993, p. 73). Examples of these sacrifices are that Cubans have had to be creative making their own candles, making soap to do their laundry, sewing cloth shoes for their kids, using medicinal herbs for their ailments, using bicycles as a mode of transportation instead of cars or buses (Eckstein, 1994).

> *The Cubans of the nineties are experiencing situations for which they had no behavioural models to go by, they are experiencing a condition of*

> *crisis in their value system considered by some professionals as an existential crisis. There is an increase of uncertainty, a tendency to individualism as a resource to solving the most elementary and mundane problems, difficulties with social integration* (Torre & Calviño, 1996, p. 119).

This fundamental problem of "double morality," or ambivalence, experienced presently by the Cuban people is due not only to moral questions, but also to questions of survival which lead them to maintain two separate attitudes, an official one and a private one. Such is the case of people attending massive rallies not because they are really interested but because they want to be seen (Centeno & Font, 1997).

> *More and more Cubans are now living with two faces... On one hand Cubans accept the situation, they don't say anything and get on with living the best they can. At another level they are fed up* (Ellwood, 1998, p. 29).

One of the participants in this study referred to this situation presently experienced by Cubans saying that the social changes of the country have caused changes in the conscience of the people. Now they use the American dollar, get in touch with relatives who have left the country, and take up religious practices, all of which used to be prohibited and are once again permitted or legal, thus creating confusion in the population (Ellwood, 1998). This opinion was expressed by a participant as follows:

> *All these changes.... have brought as a consequence changes in the interaction of people, in their conscience. Although people may realize what is going on, it is, nevertheless, difficult to conceive things that were not conceived before and are now once again accepted. Things that were socially negated.*

Another participant mentioned that this crisis has forced them to question themselves and to reinvent things, from the most elementary to the most complex, such as inventing bulbs, cultivating vegetable gardens and preparing nutritious meals or menus

with little food, including the re-evaluation of the educational system and psychological theories (Ellwood, 1998).

For as long as Cuba remains isolated from the international community, the economic problems will likely persist. It is not clear at this point when international opinion or Cuban policies will change to allow more economy exchange with the outside world.

Model of Health System

System of mental health in Cuba. In the area of health Cuba has achieved the status of "medical power," providing free and high quality services in the health care for the entire population (Eckstein, 1994; Ellwood, 1998; Meeks, 1993). A three tiered health care system is promoted, but special emphasis is put on the primary level of attention which refers to prevention through education and through community and interdisciplinary work (Vasallo Barrueta, n.d.).

Some of the interviewees mentioned the accessibility of health centres and professionals to take care of the needs of the population, as well as the recognition of the work of psychologists in mental health care on the part of the state and the population.

Difference between community psychology and community work in Cuba. Due to the "social project" of the revolution, the participation of the entire population in conjunction with young professionals was required to develop social programs. This is how campaigns such as adult literacy and education, mass vaccination to reduce infant mortality, and home construction, among others, have been carried out (Ellwood, 1998; Tovar Pineda, 1993; Vasallo Barrueta, n.d.).

The community approach of the revolution centered on solving socio-economical, socio-political, and socio-cultural problems, without taking into consideration the psycho-social or socio-psychological approaches (Calviño, 1993). These experiences were the basis for the arrival of community psychology in Cuba, which emerged in the sixties and began addressing psychological issues as well. Cuban psychologists worked in line with a community psychology paradigm, although it was not defined as such (Vasallo Barrueta, n.d.).

One of the participants defined the community work in Cuba as base work done with the entire population to get it to actively participate in solving their social problems. The goal is to coordinate the various institutions of the country such as unions, schools, research centres, health centres, ministries of education, health, and culture to launch health and social programs.

The community psychologist is incorporated in interdisciplinary groups to contribute to the development and design of community interventions through the analysis of social and psychological factors.

The role of the psychologist in Cuba. Before the revolution the majority of the few psychologists in Cuba had been trained in the United States with a therapeutic orientation similar to those used in North America (Ardila, 1986). The social project of the revolution and its demands gave psychology and the activities of the psychologists a certain profile (Ardila, 1986; Tovar Pineda, 1993; Vasallo Barrueta, n.d.). Psychology evolved in Cuba in the materialist-dialectic tradition of the socialist countries, and was enriched by the ideas of José Martí and the evolution of indigenous Cuban psychology itself (González Serra,

1997; Torre & Calviño, 1996; Vasallo Barrueta, n.d.).

Some of the interviewees commented that psychologists in Cuba are professionals with a high sense of community service, personal integrity, and professional ethics (López Bombino & Fernández Ruís, 1995). They continually try to update their knowledge, although this is only possible with great sacrifices due to the lack of material resources. When psychologists graduate they find work immediately and are incorporated in practically all the government bodies (Ardila, 1986).

Presently the work of the psychologist is focused on referrals to help citizens face the difficult situation the country is experiencing. Research is directed at the impact of the special period on the Cuban family, daily life and construction of subjectivity, formation and strengthening of values, and the impact of tourism on social life (Torre & Calviño, 1996).

Some of the participants mentioned that for the Cuban psychologist the main challenge today is to bridge the gap that exists between the ideal of the social project and its realization in daily life. People still hold prejudices, stereotypes, and dogmatic ideas that undermine the population's well-being. Although there are attempts to combat these deficiencies through political propaganda and the media, psychologists know that these interventions are not sufficient to transform social and individual conscience. This view is expressed in the following paragraph by one of the participants:

> *Our social project is very well conceived as a law, but the main difficulty has been to translate it from a social imaginary to an individual imaginary. Very little has been done on the level of individual conscience.*

On repeated occasions the interviewees referred to individual conscience or

"subjectivity," understood as the psychology of the individual and the way in which the person interprets the social and political reality. Subjectivity also refers to the level of conscience that a person has in relation to family, socio-cultural, personal, and political influences which can affect his/her conduct, as well as the influence that subjectivity has on these factors and other people.

Among the stereotypes or prejudices which the psychologist faces are machismo and overprotection of children by their mothers, which make family interventions difficult. Another typical situation is where women know their legal rights and their role in society, but due to different factors they stay in their traditional roles, putting themselves in disadvantaged positions. Another example mentioned by a participant refers to the fact that although there are laws against racial discrimination, some people still experience it (Ellwood, 1998). Therefore, the role of the psychologist in this case focuses on relationships of oppression (man-woman, parent-child, teacher-student, boss-employee, etc.) that remain in the subconscious and that people tend to reproduce.

In the discussions with the key informants who came from Cuba, it was evident that there are differences of opinions among psychologists according to their generation. The older psychologists identify themselves with the values of the revolution because they had a direct participation in it and have enjoyed the benefits of these values (Ellwood, 1998). The generation between 30 and 40 years of age were adolescents in the eighties and therefore remember their parents' fight for revolution, and are suffering because they see these values disappear. The value-orientation of the younger generation seems to differ a bit from previous generations, because they are being influenced by western values of

personal and professional competitiveness, the search for recognition, and higher pay (Ellwood, 1998). This distinction cannot be applied to all young psychologists in Cuba, because some of them, between the ages of 20 and 30 years, have a great commitment to the ideals of the revolution, and to solidarity and collectivism. It is impossible to generalize and apply the findings of this study, which only included 28 mental health workers to the majority of psychologists in Cuba. It is important to keep in mind, though, that apparently the socio-economic crisis is being experienced differently by the different generations.

Psychologists are aware of the impact of the special period on their own subjectivity and behaviour and how this crisis influences their professional practice (Torre & Calviño, 1996). This situation is the case of the psychologist who faces a client who is thinking about leaving the country or the person who is depressed due to tensions caused by the economic situation. With this example in mind one of the participants said that the psychologist has to confront his/her own contradictions, frustrations, fears and dilemmas. The psychologist is not invulnerable to his/her surroundings, for he/she is experiencing similar problems that on some level will affect him/her, and needs to find a solution to it.

Applied ethics in mental health in Cuba. In Cuba ethics seems to occupy a central place in psychology, given that psychology is closely related to ethics, art, and politics (González Serra, 1997). One of the main scholars of ethics in Cuba expresses the opinion of his colleagues about the relevance of incorporating moral goals in psychology:

> *We consider that the psychological sciences cannot be reduced to simple knowledge or a technique, rather it has to have moral goals and make efforts to form people and a society that is spiritually superior in creativity, independence, humanism, compassion with the humble, and patriotism, at the same time promoting national and regional identity* (González Serra, 1997, p. 168).

In the view of many Cuban psychologists, it is imperative to create ways of promoting moral values (Zaldívar Pérez, 1997). Promoting social values is something that needs to take place in all aspects of life and human interaction, focusing mainly on work, politics, and children's education (González Serra, 1997). Another essential factor to promote professional ethics is the strength of professionals to pass on, collectively, the need to share these values with new members of the profession (Zaldívar Pérez, 1997).

There are two formal associations of psychologists in Cuba, the Society of Health Psychologists and the Society of Psychologists of Cuba (Torre & Calviño, 1996). The latter have developed a professional code of ethics in 1986, which consists of six chapters divided into: (1) general principles and functions of the psychologist in different areas of service; (2) research; (3) teaching; (4) evaluation tests and instruments; (5) relations between colleagues and other specialists; (6) violations of the code and sanctions.

This code emphasizes throughout its sections that the ethical task of the psychologist is to foster the revolution. Through the Marxist-Leninist research-teachings, there needs to be a contribution to the solution of the economic and social problems of the country. Similarly, education needs to contribute to the political-ideological formation of the students, developing in them qualities that are in accord with the socialistic ideals of the country. It is also emphasized that the interaction between colleagues and other professionals should be centred on collaboration, respect, critique, self-critique, honesty, and collectivism. Finally, it is suggested to form a central commission for professional ethics to learn about complaints and to determine sanctions (Sociedad de Psicólogos de Cuba, 1986). One of the key informants commented that this code should be revised due

to changes that occurred in Cuba since this document was prepared.

Similarities between values in Cuban society and values of community psychology. Five values that support the work of the community psychologist are the values of health, care and compassion, self-determination and participation, human diversity, and social justice. The purpose of these values is to help oppressed communities and to promote just and humanitarian societies (Prilleltensky & Nelson, 1997). It is important to note that the values of the Cuban Revolution (equality, collectivism, solidarity, community participation, social well-being, health for the entire population) are very similar to those promoted by community psychology.

It is important to remember that two central paradigms of community psychology revolve around community mental health and action for social change (Vasallo Barrueta, n.d.). In Cuba, the beginnings of community psychology are tied with the participation of the population in the search for common solutions for their problems as a nation and in the creation of conditions of social justice (Vasallo Barrueta, n.d.).

Psychology in Cuba is humanistic and it is centred on the strengthening of dignity, emphasizing humanitarian relations between people (López Bombino and Fernández Ruís, 1995). Diversity, which is understood as the promotion of individuality in collectivism, is highly valued. One of the participants corroborated this stance and spoke about the search for *"autonomy in the conscience of interdependence."*

Finally, in terms of participation, it is evident that health professionals as well as other professionals in Cuba have a very defined socio-political stance. Given that these professionals do not believe in the neutrality of science, they consider that "*the socio-*

economical, the socio-political, and socio-cultural nature of the study object imposes a position-taking, a partisan effect on our work" (Calviño, 1993, p. 172). One of the participants referred to Gramsci's thought:

> *We don't want to be professionals who merely support the status quo, rather we want to be critical professionals who put their knowledge to serve the development of a humanity which keeps getting juster, healthier and happier. Our ideal of the human being is to try to form a very conscientious person, with a high degree of social and political conscience, with critical capacity, solidarity and creativity.*

The need of the professional to adopt a critical and analytical stance is also urged in community psychology when the status quo is unjust.

The fundamental differences between the values in Cuban society and the values of community psychology refer to the fact that in the Cuban society the values have a revolutionary and civic edge, whereas in community psychology they have a service orientation. In Cuba, the values are orientated towards the construction of socialism, while the values in community psychology are not framed in any specific political ideology.

Goals and Objectives

There are two main goals that guide this study:

1. The first goal consists in studying the concepts of applied ethics of mental health professionals in Cuba, the values that guide their professional practice, and the dilemmas that they encounter. In addition, I aim to study the resources and limitations that facilitate or inhibit solutions to ethical dilemmas, and to formulate recommendations for prevention of non-ethical conducts.
2. The second goal is to compare the vision of applied ethics of mental health professionals in North America with the vision of applied ethics of professionals in Cuba.

In order to fulfil these goals, participants addressed the following objectives:

1. What is your understanding of professional ethics?
2. What are the ethical values that guide your professional work?
3. What are some examples of ethical dilemmas that you encounter in your work?
4. What types of resources and processes do you have to solve ethical problems in your work? (personal, professional, institutional and social resources)
5. What are the processes or structures that prevent or inhibit the resolution of ethical problems in your work? (personal, professional, institutional and societal barriers)
6. What type of recommendations would you make to prevent non-ethical behaviour of professionals? (personal, professional, institutional and social level)

These questions address directly the first goal of the study. I achieved the second goal by comparing the results of the first goal with North American data gathered and published on similar questions.

Methodology

The purpose of this study is to become acquainted with the conceptions of applied ethics of Cuban psychologists and mental health professionals. Given that the present study forms part of a larger investigation of applied ethics in the mental health profession, its framework, methods, and techniques follow those used in the previous four studies.

A qualitative approach is defined as an inductive strategy used for the generation of theory that emerges from close observation of, and direct contact with, the empirical world. Qualitative methodology suggests that the development of a useful theory is dependent upon knowledge of the subject's lived experiences; otherwise, the theoretical postulations are disconnected from the object of study.

For this investigation, I considered necessary to base the creation of frameworks or theoretical approaches for applied ethics on the lived experiences of the people affected by the dilemmas. Current models of applied ethics have been rendered inadequate, given that professionals and their clients do not see themselves reflected in the literature. These models either define *ethics* in abstract terms or base the concept on simplistic vignettes that fail to portray real scenarios and that do not consider the contexts within which ethical dilemmas occur. The methodology I used is classified as a participatory approach, because its research design involves the participants in the use and interpretation of the findings.

The following is a description of (a) the process employed in this five phase study, (b) the research strategies, (c) the method utilized for data gathering, (d) ethical considerations, and (e) procedure to analyse the data.

Research Process

Phase one: The visit to Cuba. In August of 1997, professor Isaac Prilleltensky confirmed with a Cuban colleague his decision to attend an academic conference in Santiago de Cuba, an occasion in which he would present his research on applied ethics and would expand the research to Cuba, including the data gathering for this thesis. Dr. Prilleltensky's colleague responded enthusiastically, promptly contacting prospective participants for this study. The Cuban colleague also arranged the schedule for this study's interviews and focus groups.

In October of 1997, professor Prilleltensky and I went to Cuba with the objective of conducting the interviews. The interviews and focus groups were conducted by the two of us and took place between October 4 and 15 in the cities of Santiago de Cuba and Havana. Within this time, we participated in a conference in Santiago de Cuba, carried out interviews, gathered bibliographical references on psychology and ethics in Cuba, visited the faculties of psychology at the University of Oriente and the University of Havana, established academic exchanges, and held informal conversations with psychologists.

Originally, the interviews had been planned for the city of Santiago de Cuba only, but due to the interest expressed by one of the participants, a focus group was organized by her in the city of Havana.

Phase two: Transcription and analysis of interviews. During the month of November, 1997, I transcribed the taped interviews of individuals and focus groups. In December, I concentrated on formulating the categories to be used and in selecting the vignettes to be cited in this study. During the month of January 1998, my thesis advisor and I prepared a

summary of the findings. Dr. Prilleltensky also prepared an English translation of that summary for distribution to the other two researchers involved in the study, Drs.Walsh-Bowers and Rossiter.

Near the end of November, 1997, the researchers began preparing an invitation for two Cuban key informants to come to Canada. The Cuban colleagues would come to help in the interpretation of results, would participate in the feedback process of this study, and in discussions about future investigations and publications.

Phase three: Discussion with the research team. In February, 1998, a Spanish version of the summary of findings was sent to the two key informants invited to Canada as a way of introducing them to the research they would discuss with the research team in Canada. At the same time, the Canadian researchers were given an English version of the summary of findings, which they studied in preparation for the discussions the following month.

The three Canadian researchers, Drs. Prilleltensky, Walsh-Bowers, and Rossiter, and I, reached an agreement on the organization of all future work and discussion sessions between the Canadian research team and the visiting psychologists from Cuba.

Phase four: Visit to Canada of two Cuban key informants. Out of the 28 people interviewed, Dr. Prilleltensky and I selected two key informants whom we had interviewed: a psychologist residing in Santiago de Cuba and a psychologist from Havana. Both accomplished university professors in their fields, they enjoy ample recognition in the community and in professional circles. Each has an average of 30 years of working experience. Throughout their stay in Canada they greatly contributed to the analysis of the findings.

Four intensive working sessions were completed on March 24th, 25th, and 27th, 1998. The sessions were attended by the three Canadian researchers, by the visiting professors, and by myself. I used a lap top computer and a voice recorder to keep a complete record of the discussions taking place at each working session.

The Spanish-speaking researchers, Professor Prilleltensky and I, and the two visiting professors met on April 1, 1998 to discuss the details involved in the feedback process to the Cuban participants. I spent the month of April transcribing the taped discussion sessions.

Phase five: Key informants offer feedback to the participants of this study. It was decided that following their arrival in Cuba in the month of April, the key informants would contact the participants of the investigation to discuss with them the findings of the study. Following the process of feedback, the key informants communicated to professor Prilleltensky the positive results of the meeting with colleagues in Cuba. The input obtained from Cuban colleagues during feedback sessions was communicated to Dr. Prilleltensky and later incorporated into the thesis.

Participants

The colleague who organized the interviews originally contacted 10 voluntary participants for individual interviews, and a focus group composed of four people. However, given the interest expressed by conference participants, two additional focus groups, of three people each, and five more individual interviews, were organized for the duration of the conference. Additionally, one of the participants, by her own initiative, arranged another focus group with four people.

A total of 28 mental health professionals were interviewed: 23 psychologists and five

professionals (a psychiatrist, three pedagogues, one philosopher) who work in an interdisciplinary fashion with psychologists. Twenty-two of the interviewees were females and six were males. In terms of their respective places of residence, 20 of them live in Santiago de Cuba, four in the city of Havana, and four reside in the Provinces of Camagüey and Cienfuegos. The participants' years of experience were as follows:

Years of Experience	Number of Participants
1 - 5	9
6 - 10	5
11 - 20	6
21 - 30	8

Psychologists' occupational areas were as follows:

Occupational Areas	Number of Participants
Clinical psychology	12
Community psychology	1
Educational psychology	8
Organizational and occupational psychology	2

Fourteen out of the 28 people who were interviewed, half of the sample, are university professors. The type of sample utilized in this thesis is known as an "intentional sample," as it involves the selection of those cases likely to yield the most information to the investigation by virtue of having knowledge about or experience with the theme being studied (Patton, 1990). In this case, the lived experiences of Cuban mental health professionals of different ages and in different fields were identified as the most useful in providing insights to the ethical dilemmas professionals confront in their practice.

Individual Interviews and Focus Groups

I used individual interview and focus groups with semi-structured questions in order

to get acquainted with the ethical dilemmas experienced by psychologists and other mental health professionals in Cuba. Both individual interviews and focus groups followed an interview guide with the six questions previously described in the section outlining the objectives of the study investigation (see Appendix B). Similar questions were used in the four earlier studies conducted by Drs. Walsh-Bowers, Rossiter, and Prilleltensky. In general, the four areas covered by these questions refer to:

Ethical discourse. This section refers to the two first questions in the interview, which ask participants for a personal definition of professional ethics and for a description of the values that guide their work.

Ethical actions. This section refers to the third question in the interview guide, which asks participants about ethical problems or dilemmas they face or have faced in their professional work.

Resources and processes. Questions four and five deal with resources and processes available to solve ethical dilemmas.

Recommendations. In the last question, the interviewee is asked to make suggestions for possible ways to prevent or avoid unethical behaviour in the field of mental health.

A total of 28 people were interviewed; 15 on an individual basis, and 13 in focus groups. Professor Prilleltensky conducted four individual interviews and I conducted eleven others. The four focus groups were divided into one group of three, interviewed by professor Prilleltensky; another one composed of three people, interviewed by myself; and two groups of three and four members that were co-ordinated by professor Prilleltensky and in which I took part as an observer. The individual interviews had a duration of 40 to 60 minutes and

the focus groups met for an average of one and a half hours.

At the beginning of the interviews and the focus groups the participants were given a consent form and a written guide for them to become familiar with the questions to be asked in the interviews. All the participants in this study were asked the same questions, with the exception of very particular questions that were asked of the participants depending on the context of their work and expertise.

Ethical Considerations

The principal risk in carrying out this study focussed on the question of trust. There was a measure of distrust among some participants about the purposes motivating the researchers to conduct a study of this nature in their country. The same participants confided in us that on repeated occasions foreigners had come to conduct studies in Cuba, asked for and obtained the co-operation of Cubans in carrying out those studies, only to find out later that the visiting researchers were using the information to discredit the country as well as the work of the people. Facing such a situation, it became of vital importance that the participants understood the intention of the study, the interest of the researchers in doing the investigation in their country, the procedures to be used, and the type of publication that would emerge from it. This information generated confidence and security among the participants in knowing the type of commitment and contacts we wanted to establish with them. This was done on an individual basis, with each one of the participants at the beginning of the interviews and in the focus group sessions. Dr. Prilleltensky and I held a meeting with the colleague responsible for the organization of the interviews and with some of the participants, to engage in a dialogue about our genuine interest in establishing future academic exchanges

like co-ordinating theses supervision, courses and workshops to be given in Cuba, and research articles and publications resulting from this study. It was decided that in the month of April, before the publication of this thesis, a summary of the findings would be sent to Cuba and that feedback would be given. We emphasized that participants' anonymity and confidentiality would be respected at all times. Participants' opinion was sought with respect to the way in which to obtain feedback.

Another risk element in this study was the fact that Dr. Prilleltensky and I were foreigners and could lack contextual information. However, even though cultural differences exist, the fact that we are both of Latin American origin and speak Spanish fluently helped in the understanding of the context. We were very well accepted and were often invited to share in the informal activities of the participants, like dinners, dances and parties, trips, visits to historical sites, and other gatherings in the community.

As for the benefits arising from this study, there is the intention of contributing to applied ethics in Cuba. The participants would benefit from knowing more about the ethical dilemmas confronted by their colleagues in Cuba, as well as by their colleagues in North America. They would be able to learn about the types of dilemmas and the processes for decision-making and conflict resolution of ethical problems, both within the Cuban and the North American context.

Each of the participants received, as agreed during the interviews, articles about studies in ethics authored by the main team of researchers. Out of the working sessions between the Canadian professors and the Cuban key informants emerged several ideas for future publications, which would include the Cuban colleagues as co-authors. Another benefit

is that Cuban professionals would have the possibility of documenting their ethical dilemmas, and expressing recommendations.

Finally, it gives me great satisfaction that this study has been of high interest to all the participants and that they look forward to knowing the results. At the time of the interview, four of the participants stated that the questions contained in the study had made them more curious about the field of ethics, motivated them to reflect with other colleagues about ethical dilemmas, and raised their ethical consciousness. In December of 1997, I received a letter from one of the participants encouraging the development of this study, which had allowed her to ponder and reflect on her professional activities.

Informed Consent of the Participants

At the start of the interview, the participants were asked to read a consent form informing them of the objectives of the study, its procedures, mechanisms to ensure confidentiality and anonymity, the requirement of their authorization to tape the interview, and that the information they provided would be used in my thesis and in future publications (see Appendix A). The options of signing the consent form or of giving verbal consent were discussed with them. Only four interviewees signed the consent form; the other participants explained that they were not accustomed to giving written consent and that they would instead grant it verbally. The vast majority of those interviewed expressed an interest in keeping the question sheet and a copy of a consent form for future dialogue with other colleagues, or to retain it as a reference for academic work.

Confidentiality of the Information

The participants were assured that at no point in time would their names or the name

of the institution in which they worked be identified. The participants in the focus groups were asked not to divulge outside of the group any part of their discussion. Participants were advised that they could, at any moment, terminate the interview or focus group and that there would be no repercussions for anyone wishing to do that. All were asked for their consent to record the interview. They were told that if they so desired they could discontinue the recording. Everyone agreed to tape the sessions. The participants were also notified that at the end of the interview the tapes would be transcribed and that at the end of that process they would be erased. We also informed the participants that only professor Prilleltensky and I would read the transcripts. We asked the participants for permission to textually quote from the material collected in the interviews and for their consent in having that information used in this master's thesis, to integrate it with other studies of ethical dilemmas done in Canada, and to present it in future publications (see Appendix A).

Feedback to the Participants

At the conclusion of the interview, those interviewed asked about how they would gain access to the findings of the study. It was agreed that a summary of findings would be sent to them in the month of April with the person who organized the interviews and that they would review it and write down their comments and/or criticisms, which they would send back to Canada before the writing of the final version of this thesis. It was also agreed that, once the writing of the thesis was finished, several copies would be sent to the two universities of Oriente and Havana.

Dr. Prilleltensky plans to return to Cuba in the month of November, 1998, to deliver Spanish copies to the faculty of psychology at the University of Oriente; to thank the

participants for their collaboration and share with them the findings and recommendations originating from this investigation, and to listen to their opinions about future studies and/or academic exchanges.

Data Analysis

The following is a description of the process utilized to analyse and organize the findings. After I transcribed the interviews, I read them line by line in order to identify key themes. I read each interview three times and I underlined the key phrases found in the discourse of the participants. I grouped the key phrases under the six headings corresponding to the six questions that served as the base of the study (concepts, values, dilemmas, resources, limitations, recommendations). The themes discussed by the 28 participants were grouped under each heading. Potential quotes were selected during the third reading of the transcribed interviews.

A second level of categorization was grouping of the themes under a particular category. The thesis advisor read the vast majority of the interviews and reviewed the categories that I proposed to make suggestions on the format of the grouping and the titles of the proposed categories. I prepared the summary of the findings and distributed to the other two researchers, Drs. Walsh-Bowers and Rossiter, and to the two key informants visiting from Cuba. The latter made observations in reference to the importance of giving appropriate context to the study as it pertains to the situation in Cuba today, and they themselves proceeded to give us their impressions. The Cuban key informants recommended placing greater emphasis on community work in Cuba. Without that emphasis, the summary appeared to be oriented primarily towards clinical ethics, thus undervaluing the importance

of community work. The reviewers also recommended a highlight of the challenges psychologists face due to the economic crisis that currently affects Cuba. Lastly, they pointed to the existence of a generation gap and to its influence on the perceptions and experiences of the participants.

Validity and Trustworthiness

The elements that contributed to the validity and trustworthiness of this study are many and varied. Above all, the validity and trustworthiness of the study was facilitated by the participants' disposition to collaborate and to be open and clear during the interviews. Once trust was established with the participants, most of them were very open. Yet another important element was the incorporation of Dr. Prilleltensky and I in the informal activities of the participants and the conversations with professionals and the everyday Cuban we met on the street. This interactivity was of immense help to us in our quest to learn about the culture and context of Cuban society.

Another important factor was the ready access to scientific journals and books on psychology written by Cuban authors. The availability of this Cuban literature allowed me to write about the perspective of the Cuban professionals themselves, and not only from foreign interpretations and visions of Cuba.

The feedback on the findings provided by the two key informants contributed immensely to ensuring the validity of the findings. Their input was also helpful in contextualizing the information. Finally, through e mail correspondence we heard form our participants in Cuba that the summaries of the research sent to them captured very well their reality with respect to applied ethics.

Findings

An overview of the findings is presented in Table 1 (see page 49). The following text explains the various categories and themes found in the research.

Concepts of Professional Ethics

The interviewees were asked to express in their own words their understanding of professional ethics, beginning with the definition of what applied ethics in psychology meant for them. The answers were grouped in the following themes:

- Centrality of ethics
- Ethics in social context
- Ethics and subjective processes

Centrality of ethics. For psychologists in Cuba, ethics is seen as the pillar of professional practice. Ethics plays a very central role for the psychologist in Cuba, as both the professional ideal and the national ideology reflect values of social and collective welfare. There is a synergy between the professional ideals of service to the community and the revolutionary goals of prosperity for all. In the following sentence the relevance of ethics in professional practice is emphasized: "*In our profession ethics play a fundamental role; it promotes efficiency and good outcomes.*"

The following statement highlights the close relation of ethics to human agency: *"Human beings are defined by ethics, there is no behaviour, there is nothing in our thinking where morals are not involved."*

Ethics was defined as the principles and values guiding thinking and action. The following statement expresses the moral character of professional actions:

TABLE 1
OVERVIEW OF FINDINGS

MAIN CATEGORIES	THEMES
CONCEPTS OF PROFESSIONAL ETHICS	Centrality of ethics *Ethics permeates all aspects of work* Ethics in social context *Ethics has to be grounded in culture, history, and politics* Ethics and subjective processes *Emotional responses, lifestyle and personal choices, professional growth*
VALUES	Civic values *Promotion of socialism, solidarity, dignity, independence and freedom, humanism* Professional values *Other-oriented* *Respect, empathy, commitment and sensibility, collectivism, community participation, responsibility, honesty* *Self-oriented values* *Authenticity, self-respect, scientific rigour*
ETHICAL DILEMMAS	Conflict with the state and other government bodies *Competition versus cooperation, double morality* Conflict among professionals *Disagreements, disclosing information and altering test results* Conflicts in clinical practice *Not to disclose diagnosis, religious beliefs opposed to medical practice, using illness to evade social responsibility*
RESOURCES TO RESOLVE ETHICAL DILEMMAS	Government support Ethics committees Collegial support
LIMITATIONS IN RESOLUTION OF ETHICAL DILEMMAS	Organizational/Institutional limitations *Limited discussion of ethical dilemmas, little formal preparation in ethics, lack of attention to code of ethics, no material resources* Personal limitations *Lack of tolerance to negative feedback, lack of professional experience*
RECOMMENDA-TIONS TO PREVENT UNETHICAL BEHAVIOURS	Education and training on values and professional ethics Reflection on ethical dilemmas Critical posture Review of professional tenets and assumptions Analysis of double morality Make scientific knowledge more accessible Implementation of code of ethics

> *I see ethical issues in all decisions I have to make as a professional. When I, as a professional, have a decision to make with respect to my patient or my work, or with respect to a community, or anything else where my actions could be right or wrong, just or unjust, moral or immoral, I'm involved in ethical decision-making. The dilemma is choosing the right action from the possible array of options available to me.*

Participants claimed that ethics goes hand in hand with scientific and critical thinking. By scientific rigour participants meant a practice that is based on evidence and knowledge. They used this terminology to contrast it with a practice that is based on intuition or lack of systematic knowledge.

> *Ethics doesn't just happen, it's a process that accompanies another process. Principally, that of becoming a scientist. This implies that you have to be an excellent scientist. Conceivably, you could be very ethical but not rigorous enough in your scientific practice, in which case you would be undermining ethics altogether. Psychologists need to be good scientists and highly sensitive people to perform their work ethically.*

Ethics in social context. For the Cuban psychologist, it is necessary that professional ethics be understood as part of the larger social context in which he or she is immersed. In addition, it is important that the preferred conception of ethics respond to the problems and needs of the community. This position requires that the psychologist be knowledgeable not only about professional issues, but also be well versed in cultural, social, and political domains. This broad reading of the social, cultural and political context should help psychologists reflect on their role in society. This view was expressed by a psychologist saying that:

> *Professional ethics is typically restricted to secrecy and confidentiality. Professional ethics should go much further than that. The psychologist needs to have a comprehensive understanding of social phenomena, has to be a person with general knowledge and political sophistication. Psychologists need to realize not only the problems of the people they*

> *want to help; they also need to know for whom they work and whose interests they represent. They need to know what is their social role and to what interests they are responding.*

Ethics and subjective processes. Ethical decisions are connected to psychological processes and personal dynamics. The main processes considered by our participants were:

- Emotional responses
- Lifestyle and personal choices
- Professional growth

Emotional responses. Some of the participants said that ethical dilemmas produce diverse emotional reactions, ranging from frustration, distress, and discomfort with themselves or others, to satisfaction when resolving conflicts productively. Ethics, we were told, cannot be just a cognitive enterprise.

> *I don't like to think of ethics just as a cognitive exercise; in reality it needs to transfer to the affective level, and it needs to be incorporated, it needs to be internalized. It is not enough to know ethics, it has to be felt.*

Lifestyle and personal choices. The interviewees pointed out that ethics extend beyond the realm of work; it is a value system applied to all areas of their professional and personal lives. For them, personal ethics is intertwined with professional ethics, one does not exist without the other. One psychologist commented:

> *The profession is a system of knowledge, it's also a method, and a way of life as well. I don't stop being a psychologist when I leave my office or leave the hospital, rather I am actually a psychologist in life.*

Another psychologist noted the following:

> *It is difficult to separate professional ethics from personal ethics, because*

personal qualities facilitate the advancement of professional ethics.

Professional growth. The participants referred to the "dialectic of ethics" as the different instances of confrontation and reflection around ethical dilemmas. An ethical dilemma leads to confrontation with an issue or a person. The proceeding reflection places the practitioners in a new ethical plane. One psychologist remarked:

> *One has, as a professional, different stages in one's development. In each of these stages one is ethical in a certain way. Later one can be ethical in a different way, that is, it's not something that one achieves, rather it is something that we are always striving to achieve... I think it is necessary to have a certain ability to reflect on one's practice dispassionately. What am I? what do I need to do? But this dispassionate reading is only achieved when we have control over what we do. Ethical errors will occur until this control is achieved.*

Values that Guide the Work of Mental Health Professionals in Cuba

For this second section the participants were asked what are the ethical values that support their professional work. The values that were mentioned were grouped in two main categories: (a) *civic values*, which refer to the values professed by every Cuban in his/her society, and (b) *professional values*, which refer to the values that are characteristic of Cuban professionals in their workplace.

Civic values. Civic values refer to the principles and ideals which characterize the Cuban people and which were forged through the struggles which gave origin to the Cuban Revolution. Participants credited national poet José Martí with many national ideals, such as liberation from external oppression, and the development of personal and collective welfare. According to our participants, the moral foundation of their professional work is rooted in historical values transmitted through generations.

The putative intention of the revolution is to unify Cubans and to work together for the development of socialism. The values promoted by the revolution, and expressed by our informants, were: solidarity, collectivism, equality, justice, dignity, freedom and independence.

Promotion of socialism. In the following paragraph there is mention of the socialist political ideology guiding Cuban society:

> *We are a society that is rooted in a Marxist-Leninist ideology. So, the concepts of democracy and equality help us shape our thinking, our point of view on any subject. Also, the political conviction of our people, the political/ideological preparation given to us from birth, I think this also helps us to promote these values.*

Another participant commented that this social project is a utopia that has been only partly realized and that requires the continuous effort of the whole population:

> *It is the dream of reaching a better society, it's not having the doors closed and to think that we are finished and that there is no way out of here....we have to prepare the population for this better moment. This dream has to be based fundamentally on economic transformations in the country. Imperialism tries to avoid utopia, it says that 'man' (sic) does not live from utopias. For this country it was impossible to think that every child would have schooling, that there would be no barefoot children, that there would be no children dying without medical attention, and that every child would be able to go to school. It was utopia at some time, utopia which we converted to reality.*

The participants mentioned that the utopia of building a humanitarian society is being threatened by ideological movements in capitalist societies. These ideologies disengage people from their values and uproot them from their history. The following statement expresses this viewpoint:

> *I think that Cuba is an example for the world, and we work also for our brothers and sisters of Latin-America, we want a better life for our*

> *brothers and sisters, not just a better material life, a richer spiritual life. So, what is happening now? People are robbed of their past and don't let them see the future. In so doing, they exclude the dialectic of the past and of the future, and let them live just in the present. The person who lives in the present alone is a person totally demoralized, because he (sic) has no roots, nothing to grab on. What are the values for this man (sic)? Consequently, taking away the past and taking away the future is leaving him (sic) completely unarmed.*

Solidarity. A value that was frequently expressed by all participants was solidarity. This value was understood as the altruistic help given by the psychologist to the community. This notion was expressed by a participant who said:

> *We are very solidarious, perhaps due to the influence of the politics, we have been educated in equality, which also shows at the level of practice. We see everybody as equal....there is a relationship of camaraderie.*

Dignity. Dignity is another value that characterizes the Cuban identity and its high degree of patriotism. Participants referred repeatedly to the pride felt knowing that they are agents of their history. Cubans feel proud and united in their struggle against foreign domination. This is the meaning of dignity for Cubans:

> *The dignity of the Cuban people is very closely tied to national pride, the pride to know their history, it is very much embedded in the thought of Jose Martí....Every Cuban feels very much wedded to his/her social project, and this gives their lives meaning, it gives them dignity, and it gives them pride.*

> *The first article in our constitution refers to the dignity of man (sic). Cubans have always had this idea of not letting themselves being dominated by others.*

> *Love of independence and national identity, these are values that are firmly embedded and characterize us as a society...We have imposed the psychology of resistance, not to give up, under no circumstance, under no condition, what is ours, what belongs to us, and, this is not just now, it has many precedents.*

Independence and freedom. Cuban national values, such as the search for freedom and independence, are seen as values of moral character. *"Our first thinkers have always associated ethical and moral values with the independence of their country. Independence as political and moral value."* That is why psychologists, and other professionals in Cuba, are trying to import and adapt socialist ideals into the work setting.

Humanism. Most values described by participants were of a humanitarian nature, marked by affection and care for others. These humanitarian values are symbolized through the figure of Ernesto "Che" Guevara, major hero of the Cuban Revolution. One of the participants commented:

> *If I were asked what should a young Cuban be like, I would reply that he/she should be like The Che, who is an example of all those values, solidarity, honesty, authenticity, and all the other things that makes his personality unique. This is ethics for me.*

Professional values. Professional values refer to ethical principles that guide the professional practice of psychologists in Cuba. The interviewees mentioned values directed *towards others* (any person they come into contact with during their professional practice --patients, family of patients, members of the community, colleagues, other professionals, etc.) and *towards themselves*. I shall call the former other-oriented and the latter self-oriented.

Other-oriented values:

Respect. Participants mentioned the value of respect throughout the interviews. This is an attitude projected towards patients, colleagues, other professionals, and members of the community. The attitude of respect is understood as the acceptance of

service recipients without judging them. The participants emphasized that respect also has to do with confidentiality. Also, there was mention of the fact that patients should not be rushed in their process of reflecting about their problems. Clinicians emphasized *"not to hurt the patient at any time."*

Empathy. Empathy helps clinicians to establish an adequate relationship with the patient or with the person requesting help. This value was expressed by one psychologist saying:

> *When we put ourselves in the position of the other (person) and we respect the position of the other person, and, when we treat them with warmth, with love, trying not to hurt them, being sensitive, it is very difficult not to be just.*

Commitment and sensibility. The participants mentioned the value of commitment and sensibility. For the Cuban psychologist it is gratifying and essential in his/her work to know that he/she is very involved with the person whom he/she is helping. This involvement implies extending oneself to the community and to the family members of the patient to search for solutions to the individual's problems. This value was expressed by one psychologist saying:

> *Another value is the high emotional identification with the problem brought to us. Maybe the fact that our services are free contribute to our work being inspired in itself, we feel that we are committed to the patient.*

Collectivism. Some psychologists and pedagogues working in schools promoted the value of collectivism. This was their main occupational task. Their job was to encourage students, teachers and families to cooperate and promote the values of collectivism and solidarity. This mandate was given to them by the educational authorities

in order to preserve and promote moral values.

Community participation. The value of community participation was exemplified in a number of community interventions headed by psychologists and other social scientists. An example was given concerning the quality of life of a rural community in which very basic needs had not been secured. The government intervened to provide it with basic necessities such as food, housing, and clothing. Following a period of time in which the community had enjoyed these basic necessities, a needs and resources evaluation was conducted to assess the quality of life of the residents. The needs and resources assessment revealed that community members had indeed basic necessities fulfilled but were not happy with their lives. An investigation took place to involve the community as a whole in determining their priorities and the type of activities they would like to see in the community. This study shows how professionals were sensitive to community members determining their own preferences and social priorities.

Responsibility for personal actions. Some of the interviewees spoke of the importance of helping patients to be responsible for their actions and not leaving the responsibility of their actions in hands of the psychologist.

Honesty. Honesty refers to being authentic in relation to patients. Being honest also implied not to plagiarize information, that is, not to steal somebody else's ideas and representing them as one's own, and not reproducing materials without an author's authorization.

Self-oriented values:

Authenticity. This value represents honesty towards oneself, others, and

towards one's background and culture. This value rejects prefabricated notions of how one is going to behave. Instead, it calls for the creative evolution of one's unique outlook in life. Authenticity is viewed as a basic feature of healthy psychological development.

Self-respect. The psychologists emphasized that one fundamental value in professional practice is respect for the work they do. This appreciation for their work is expressed in the following paragraph:

> *To respect is to have an attitude through which one projects a certain value, a sense, and a meaning to oneself as a professional. I value being a psychologist, I am proud to be a psychologist, I chose this profession and have to exercise it fully and with clear goals in mind.*

Scientific rigour. Another relevant value for the interviewees is scientific rigour, which consists in *"being consequent with a theoretic and methodological position."* This scientific rigour is seen by the interviewees as a self-critical attitude of constant evaluation of one's work. For this value, a flexible mentality is needed which allows the acquisition of new theoretical and methodological positions.

Ethical Dilemmas

Ethical dilemmas refer to moral problems encountered by interviewees throughout their professional careers. These problems provoke serious internal conflicts, as they involve actions that contradict either the code of ethics of psychologists or their own set of values. The dilemmas that were mentioned were grouped in the following categories:

- Conflicts with the state and other government bodies
- Conflicts among professionals
- Conflicts in clinical practice

Conflict with the state and other government bodies

Competition vs. cooperation. The Cuban government has seen it necessary to open the doors to tourism to allow entry of foreign currencies and thus save the economy from total collapse. The opening of doors to the rest of the world is viewed by some as a mixed blessing, since it has allowed greater scientific and technological exchanges with foreign professionals, but it has also permitted infiltration of capitalistic values, such as individualism and competition. One psychologist commented that there exists a hidden resentment towards psychologists who work in universities because they are privileged in having more access to information and academic exchange. Now, less information or resources are being shared due to the need to stand out individually over others. The infiltration of foreign values such as individualism and competition is seen as negative, because they hurt core Cuban values such as cooperation and altruism.

Double morality. The interviewees made reference to the phenomenon of "double morality," which is experienced in Cuba as a consequence of the socio-economic problems that the population is currently facing. A certain morality of solidarity and honorable behaviour is promoted, but due to survival needs people conduct themselves with a different morality; that is, there exists *"a breakdown between what is said and what is done."* This is the case when people buy food illegally through the black market because the prices are lower than the prices in some of the stores. One participant explained that it is difficult to promote certain values in children when what is taught at home is opposed to what is taught at school. Whereas the value of sharing is expounded at school, the opposite is taught at home: not to share their things --pencils, paper, workbooks, etc.-- so

that they would last longer. School supplies are very rare and extremely expensive. The following quotes exemplify the personal dilemmas which two of the psychologists faced when experiencing this double morality:

> *The double morality phenomenon appears even at a very early age... a Latin characteristic is the cleverness, that is, dishonesty, but there is the need to be clever so that no one takes advantage of you, and so that you can take advantage of others.*
>
> *Sometimes you have to project yourself in life with a double morality because of the survival needs, because of the problem of adaptation to reality.*

Although professionals and citizens would like to talk openly about these contradictions, there is either an internalized or an explicit censorship of what is permissible. Some participants were at pain to explain this phenomenon. Mixed emotions and conflicted loyalties were expressed. They understand that in times of crises, such as the current special period, the population needs to be united to maintain high morale and criticism of the state may erode public confidence. But on the other hand, citizens wish to be more open about phenomena like competition, double morality, and censorship.

In part, their agony derives from feeling passionately about civic values and about the revolution. Most of them believe in the mission of the revolution and accept the sacrifices that are expected from the population in times like these. However, they feel somewhat silenced and unable to dialogue openly about these dilemmas and contradictions.

Although some people checked their answers to comply with the Cuban version of political correctness, most participants felt quite at ease and shared with the interviewers

the serious conflicts that beset Cuba. Participants varied in their perception of what is permissible to talk about in Cuba. Whereas some felt no censorship whatsoever, some were cautious in their remarks to avoid possible negative repercussions, however mild.

Conflicts among professionals.

Disagreements. Psychologists experience conflicts with psychiatrists over diagnosis and treatment of patients. Psychologists are opposed to medical doctors stigmatizing patients and grouping them in categories according to mental pathologies. This conflict is expressed in the following statement:

> *I have worked a lot with doctors and sometimes we have a difference of opinion. Some doctors have a very strong biological tendency and they tend to see the problem of men/women as sick men/women, just as a biological problem and they exclude psychological aspects, and this is for me a dilemma as I find myself having to assume the position of defending the human value that is in the psychological aspect of the person, which is ignored.*

The participants commented that at an institutional level little attention is given to the psychologist when changes are planned. This opinion is expressed as follows:

> *In institutions where psychologists work, decisions are often made over which the psychologist has no say. One advises, illustrates or instructs about aspects that one considers sufficiently important and decisions are made which we may not consider professionally correct. Many times the interest that an organization, a corporation, a company, or an organism of the state has is an interest which is not necessarily the interest of the psychologist towards man, but rather the achievement of certain objectives that can be contradictory to some human values.*

Disclosing information and altering test results. Some of the interviewees mentioned that they found themselves forced, by other professionals or superiors, to reveal patients' information, and so violated one of the fundamental values of the ethical

code: confidentiality. They also find themselves in situations where they are pressured to change results of psychological evaluations. The psychologist is asked to change test results to avoid conflict with labour laws, according to which senior workers are to keep their jobs. Unfavorable test results may harm workers in position of seniority. This is why employers seek positive test results. This dilemma is expressed by one psychologist in the following way:

> *I also find myself in situations where I have to make certain evaluations and offer results that are negative for the people, and my superior at that institution applies some pressure on me to change my point of view or to write something else on the document.*

This situation is common among psychologists working in factories and other places of employment where they are expected to serve the state. Psychologists are often consulted on issues of promotion and career counseling, and if their assessments differ from employers' expectations there is conflict.

Conflicts in clinical practice.

Not to disclose diagnosis. A major dilemma is the fact that psychologists are required to keep the diagnosis away from terminally ill people, such as cancer patients, because it is stipulated in the medical code of ethics to do so. Physicians do so in order to protect patients from the knowledge that they are about to die. This practice, however, is opposed to the ethical values of the psychologist in his/her search for truth and honesty. Also, not revealing the diagnosis hampers the therapeutic work of the psychologist, the possibility to work through the mourning process of the patients and their families. This dilemma is expressed by one psychologist saying:

> *Here in Cuba, from the medical standpoint, cancer patients don't receive their diagnosis. How can they confront their illness if they don't know what the illness is?*

Religious beliefs opposed to medical practice. Certain religious groups are opposed to medical practice and in some occasions they put the patient's life at risk, such as in the case of refusing blood transfusions, or not allowing the use of other psychological techniques, such as hypnosis, which could speed up the patient's recovery. There is also a case of doctors not allowing religious or spiritual practices, such as confession, sacred functions, etc., which do not put the patients' health in jeopardy and which are for some patients a part of their culture and could be an important element in their cure or recovery. This situation has generated a lot of discussions among psychologists and medical doctors to decide if these alternative remedies, which are of great importance for the patients and their families, should or should not be introduced.

Using illness as a way of evading responsibility. Another dilemma experienced by psychologists in the clinical field is dealing with patients who do not want to take the responsibility for their problems and who use their mental illness to avoid responsibilities towards society. This dilemma was expressed by a psychologist as follows:

> *A difficulty that adolescents have is to avoid some of their responsibilities which for us Cubans are very important. To what degree is the patient really sick or is using his illness as a mechanism to avoid a situation such as going to school, or going to fields, which is something that is part of our system.*

Resources to Resolve Ethical Dilemmas

This section refers to the factors that help to solve ethical dilemmas in the professional practice of the psychologist. The resources that were mentioned by the

participants can be grouped in the following categories:

- Government support
- Ethics committees
- Collegial support

Government support. Although there are very few material resources, governments support psychologists as a professional group. One psychologist mentioned this assistance saying: *"We have many material limitations but we have great professional freedom in our work."* Government support allows them to experiment with new areas and possibilities. This support is due to the state's concern with individual and collective health. One participant said:

> *For ethics to flow there have to be three important components, (1) Political will, in our country the political power is in charge of health, the budget could be bigger but it is a budget that doesn't go down. (2) The other one is Group will, that is, the community in itself that is there, (3) and the other one would be Scientific-technical professional will. In our country there are all the prerequisites to achieve this. What needs to be sought after is the exchange between these sectors. To know what the community wants and to go to the political administration to present the project; to propose a life project originated in these two components, the group and the scientific one.*

Ethics committees. Another resource that helps in the discussion of the ethical problems is ethics committees in polyclinics where professionals have the opportunity to present their dilemmas or conflicts. There have also been associations established which group specialists according to their areas --psychologists, educators, doctors. There are also forums, congresses, and colloquia, where recently professionals have introduced discussions about ethics and values.

Collegial support. The interviewees commented that there is a lot of support from their colleagues among psychologists, especially between those living in the provinces. They feel free to go to their closest colleagues and to consult with them about ethical dilemmas that they encounter in their professional practice.

Limitations that Impede the Resolution of Ethical Dilemmas

This section deals with limitations that make it difficult to resolve ethical dilemmas. The limitations mentioned by the interviewees can be grouped in two categories: (a) *organizational/institutional limitations*, which refer to the absence of material resources, academic preparation, and discussion in work settings, and (b) *personal limitations of the professional*, which refer to the lack of reflection and knowledge in the area of their specialization.

Organizational/institutional limitations.

Limited discussion of ethical dilemmas. Participants mentioned that in the institutions where they worked, especially in polyclinics, there is an ethics committee that analyses moral dilemmas, but people resort to this committee only in very extreme cases. Psychologists claim not to have the time or the space to reflect with their colleagues, other professionals or superiors, on the ethical dilemmas that they face every day. Another limitation is that psychologists in these institutions are not in administrative positions; these ethics committees are chaired by medical doctors, and that is why the psychologists are not heard.

Little formal preparation in ethics. The psychologists commented that in their professional formation very little theoretical knowledge was imparted about ethics; they

did not have a specific course about it, and had very little opportunity to reflect about ethical dilemmas which they would encounter in the profession. The knowledge that is imparted about ethics is generally in the area of clinical psychology. The lack of preparation or information about the subject of ethics in the profession is expressed in the following phrase:

> *We were never taught how to relate with our colleagues, how to work in multi-disciplinary groups, how to resolve these ethical problems, what type of ethical problems we could face.*

Lack of attention to the code of ethics. Some of the psychologists mentioned that they know of the existence of a code of ethics for the Cuban psychologist, but it is not made available to everyone. Only two of the participants said that in the institutions where they work there is a code of ethics. This seeming neglect is due to the very high cost of printing and distribution of materials in Cuba.

Limitation of material resources. A very serious limitation is the lack of material resources. This limitation was mentioned by all participants. The problems include deplorable working conditions, lack of access to technology, minimal access to bibliographies, and the lack of information from outside Cuba and other Cuban provinces. In this respect three psychologists mentioned the following:

> *We can't negate the difficult economic situation that our country is experiencing, and as a psychologist and citizen I perceive this. It influences the possibilities that I could have as a psychologist in developing my work. I think that our scientific thinking, our research, progresses despite these circumstances, what keeps as a bit behind is the technology. Not having a recorder, better working conditions, which would allow our work to flow better.*

> *There are difficulties in terms of material resources, not human*

(resources) because humans exist and in sufficient numbers and they interact a lot, but yes in terms of material resources such as magazines, flyers, bulletins, videos, which could help us to improve the preparation of professionals, resources to deal with ethical problems and dilemmas.

I have never been able to access the Internet. I can't have access to the Information Highway, so whatever any of us receives we try to get the best use out of it.

Personal limitations of the professional.

Lack of tolerance for critical feedback. There is little tolerance sometimes for constructive criticism. Cubans are hurt when they are criticized because they are very careful not to hurt others. Also, there is a fear of being viewed by colleagues as incompetent.

Lack of professional experience. Some psychologists who just graduated from the university mentioned that their lack of work experience in some cases made it more difficult for them to know how best to solve an ethical dilemma.

Recommendations to Prevent Unethical Behaviours

The last section of the interview focused on the recommendations of the participants about the actions that should be taken to help mental health professionals to prevent non-ethical behaviours, behaviours that could hurt the people who receive their services. These recommendations were grouped in the following categories:

- Education and training
- Critical posture
- Application of norms of the codes of ethics

Education and training. This category refers to the need to offer courses in ethics

in universities and for post-graduates. There should also be training and upgrading of applied ethics for professionals, and the teaching of values in children and youth.

Discussion and reflection of ethical dilemmas. Participants emphasized that they need to start by knowing the ethical problems that they face. This reflection could be done through discussions, workshops, and congresses with colleagues of the interior of the country and from foreign countries. Formal institutionalization of reflection groups among colleagues and mentorship in the revision of cases were suggested. This recommendation was expressed by a psychologist:

> *In the institution where I work there are no official resources to solve ethical dilemmas. There could be a tribunal or a scientific counsel to discuss the problem, but it only exists when there is a serious ethical problem... It would be very good to have work sessions to solve these dilemmas, we could even pose these problems to ourselves.*

Professional development and courses on ethics. Professionals should be required to update their skills and knowledge in the area of ethics. In addition, they should be open to consult with psychologists in other countries. The interviewees mentioned the need to review publications on the subject, and to publish articles concerned with ethical dilemmas of psychologists in Cuba. They mentioned that it is indispensable to start training by offering courses in ethics for psychology as well as other professions, so that every professional would know the subject matter of ethics in their own area. There needs to be an *"actualization of ways and methods of teaching ethics."* The inclusion of ethical reflections in post-graduate courses was also mentioned.

Teaching of values. It was considered very important to include the teaching of values in schools. The participants commented that it is indispensable that educational

institutions prepare programs that focus on the teaching of values in children and youth about social responsibility, to assure the formation of a social conscience in the new generations.

Critical posture. Critical posture refers to the need of the psychologists to examine critically their discipline from a moral point of view. There is also the need to do a critical analysis of the actual situation in the country with relation to phenomena of double morality and to make this knowledge accessible to the public.

Review of professional tenets and assumptions. The participants expressed that they need to be critical with themselves, toward what they produce, and to begin revising and confronting the theoretical and methodological positions of the psychological science to see if these are ethical in themselves. This idea is expressed in the following way:

> *The profession has to look at itself from outside in and see how many things in its own paradigm, in its own structure, already carry the possibility of not respecting human dignity. The paradigms that I carry from science could be upsetting ethical practice.*

Analysis of double morality. Psychologists considered it relevant to their practice to help the population analyze the problem of double morality (a contradiction between what is morally thought and what is actually done). This problem occurs in everyday life due to socio-economic and political changes that are currently taking place in Cuba. These transformations, by not being openly addressed by professionals, cause moral conflicts, confusions, and uncertainty for professionals and students alike. *"The work of the psychologists consists in helping to interpret reality."*

To make scientific knowledge accessible. Another recommendation consists in

"joining scientific thought with popular knowledge," that is, to make scientific knowledge accessible to the population.

> *This constant struggle between the practical experience and the scientific knowledge is another ethical dilemma that we have to live with... To live in these processes also is a real challenge in being able to influence and at the same time respect.*

Implementation of codes of ethics. This refers to the need to elaborate an ethics code for the Cuban psychologists, and to leave some options so that the execution of same could be guaranteed.

Preparation of an ethics code. The interviewees considered the preparation of a Cuban code of ethics for psychologists of fundamental importance. One of the psychologists commented that it is indispensable to customize this code to apply it to the specific situation in each country, and not having to adopt and put in place codes that apply to realities of other countries. This opinion was expressed in the following way:

> *I don't think it is helpful to extrapolate an ethics code from another country to ours. Psychology needs to be particular in terms of how to practice it where you live, according to what surrounds you professionally.*

Revision and evaluation committee. To prevent serious ethical problems the interviewees considered it very important to have a review and advisory committee that continually evaluates the practice of ethics by professionals. Participants also suggested that psychologists design mechanisms to evaluate the quality of the service offered to the public and that it include a section referring to ethical norms.

Suspension of license. Another recommendation consisted in not allowing under any circumstance the violation of ethical values in the practice of the profession, since this

would hurt the image of the psychologist. Some of the interviewees suggested that any anomaly in the practice of ethics should be reported to the ethics committee. Should it be necessary, a temporary or definitive suspension of practice of psychology could be imposed on those who violate the moral values of the profession.

Discussion

The discussion of the findings is organized according to five dimensions: (a) concepts and values of applied ethics, (b) scope and relevance, (c) dilemmas and decision-making processes, (d) resources and limitations, and (e) the prevention of harm. I compare the findings of the Cuban research with concepts of applied ethics in North America, offer an interpretation of the differences, and make recommendations for the study and practice of applied ethics in Cuba. In Table 2, I compare Cuban and North American perspectives on ethics, whereas in Table 3, I offer recommendations for applied ethics theory and research in Cuba. In Table 4, I propose changes in the practice of applied ethics in Cuba (see pages 88, 89, and 90).

Concepts and Values of Applied Ethics

Through academic exchanges with other professionals in psychology and allied fields, participants observed noteworthy differences in terms of values between Cuban psychologists and psychologists in capitalistic countries. The major differences that they found are related to the high political and social conscience with which the Cuban psychologist approaches social problems. In Cuba, university education is geared to the formation of a conscience that serves the community. Also, in Cuba, the motivation of the psychologist is directed towards service to the community and not towards monetary interests, as is the case of many psychologists in capitalistic countries. The two following quotes contrast the motivation of psychologists in the different societies:

> *The ethics of the psychologist in the capitalistic world has a lot to do with the laws of the market. I think they are attached with a pin to a bill (dollar). Here people value the prestige of the psychologist not by what*

they charge.

We're recognized by people from other countries as having great spiritual wealth despite our material adversities.

Another barrier that psychologists in North America encounter, from the point of view of the Cuban psychologists, is limited possibilities to obtain objective information about what occurs in and out of their country. In addition, they feel isolated from the community. There is a sense of isolation and demoralization which is not found in members of collectivist societies. This view can be summarized in the following phrase:

You are submerged in a world of misinformation, where being able to read the reality, which is a base for ethics...is much more difficult. (In Cuba) we are not dedicated to making more money, rather we continue to believe in things which do not have a price, but that have value, and this is very important in ethics. I have felt, in colleagues from other countries, a sense of impotence, of frustration, a feeling of being in a small place, that they have little projection, little possibilities of social impact.

The traditional values that guide professional practice in mental health in North America are centred on promoting "the good life." The emphasis is on promoting quality of life, competent service, and the respect of others. These values are: autonomy, non-malevolence, and benevolence (Hill et al., 1995; Jordan & Meara, 1990); fidelity, prudence, discretion, perseverance, courage, integrity, vigour, humility, and hope (Jordan & Meara, 1990).

The values that guide the daily work of the mental health professionals in Cuba are centred on promoting "the good society." Ethics is conceptualized as a moral obligation to promote everyone's well-being. These ideals are clearly reflected in professional principles (e.g., respect, empathy, compromise, sensibility, responsibility,

honesty, authenticity, and scientific rigor) as well as on civic values (e.g., solidarity, collectivism, egalitarianism, independence and freedom, dignity, and social justice). These moral values, which sustain the ideology in Cuba, are similar to the values of the participatory model of ethics, which promote a good life *and* a good society. The values of the participatory model are care and understanding, self-determination, human diversity, collaboration and democratic participation, and distributive justice (Prilleltensky, 1997).

In my view, the Cuban government puts too much emphasis on the promotion of a good society at the expense of individual values (Calviño, 1993; Tovar Pineda, 1993; Vasallo Barrueta, n.d.). Individual guarantees such as privacy, diversity of political opinion, and diversity of information in the media were sacrificed, to some extent, during the revolutionary process.

The restrictive model's concept of professional ethics is professional-driven (Callahan, 1988; Reiser et al., 1987; Prilleltensky, 1997). The North American professional purports to be value-neutral with respect to politics or ideology (Brown, 1997; Bursztajn et al., 1987; Fairbain & Fairbain, 1987; Felkenes, 1980; Kultgen, 1988; Prilleltensky & Fox, 1997). In the outlines of the participatory model and of the professionals in Cuba (Calviño, 1993), the emphasis is on the need of professionals to adopt a critical and political position to contribute to the building of a just society. The professionals in Cuba criticize liberal capitalistic philosophies that minimize concern for ethics in favour of free market laws. The critical and feminist theories of the participatory model, as well as the approaches of professionals in Cuba, see the professional as an agent for social welfare (Kultgen, 1988; Larsen & Rave, 1995). In Cuba, mental health

professionals try to contribute to the formation of individuals and of a society with humanistic-socialistic values in mind.

The conclusion from this study is that mental health professionals in Cuba seem to have a more integral vision of ethics. The interviewees try to incorporate ethics into their personal, professional, and social life. Ethics is conceived as "a way of life" that is related to morality, arts, politics, and education. Ethics is part of promoting social conscience (González Serra, 1997). Another observation is that these professionals are aware that their assumptions and values will have an impact on their professional actions. The clear vision that the interviewees have of the moral values that guide their professional work, their personal and social life, are a consequence of political education from an early age. They are very proud of their values and constantly try to apply them in their professional work. In Cuba there is emphasis on the education of professionals to prepare them as political individuals, with a high disposition to serve the community.

Although mental health professionals in Cuba promote social and professional values, they are currently experiencing a value crisis. The value crisis results in a phenomenon called "double morality" (what is said is not in accord with what is done) (Centeno & Font, 1997; Ellwood, 1998; Torre & Calviño, 1996). This crisis is due to economic and political problems that derive from being a small socialist country in a capitalistic global world (Ellwood, 1998). The multiplicity of the crisis has caused structural adjustments in Cuba, allowing more interaction with capitalist countries. Consequently, this condition has had an impact on concepts and practices of values, which have been undermined by the intrusion of negative capitalistic values, such as

individualism and competitiveness; these are considered a virus.

The interviewees also recognized the positive influence of Cuba opening its doors to the rest of the world. Benefits included learning other techniques, theories, methodologies, and the re-formulation of their own concepts and procedures. However, they are faced with great challenges when it comes to being able to keep their own socio-political values and ideology, as well as to save their economy (Ellwood, 1998). They have to fight the infiltration of external values which have been seeping in and have contributed to social problems such as prostitution (Ellwood, 1998). These infiltrations work against the values that have been promoted during the revolution.

Another limitation that the participants mentioned is that they cannot speak openly about the changes that they are presently experiencing in the country, specifically the cases of "double morality." By not discussing these issues, feelings of confusion and uncertainty arise and moral conflicts and ethical dilemmas are experienced by professors, students, and the general public.

Scope and Relevance

In the restrictive model of applied ethics the focus is on the individual relationship of the professional with the client (Felkenes, 1980). In this model the professional maintains and reproduces power differentials and ultimately the status quo. Professional ethics is removed from daily reality, and its relevance is apparent only in those special occasions where serious violations of the moral code of conduct are committed (Brown, 1997; Corey et al., 1993; Eberlein, 1987; Holland & Kilpatrick, 1991; Kultgen, 1988; Lerman & Porter, 1990; Neukrug et al., 1996; Prilleltensky, 1997; Prilleltensky et al.,

1996; Woody, 1990).

In the participatory model, and in the view of Cuban research participants, professional ethics is of social character and is closely tied with civic and social values. The vision of applied ethics in mental health is of an integral character, with emphasis on prevention, education, community, and interdisciplinary work (Vasallo Barrueta, n.d.). In Cuba, the professional focuses on ethical dilemmas as the daily problems of the individual and the collective. The views of the professional in Cuba are contextualized in the historical-cultural vision of dialectic materialism (González Serra, 1997; López Bombino & Fernández Ruís, 1995; Torre & Calviño, 1996; Vasallo Barrueta, n.d.; Zaldívar Pérez, 1997). According to interviewees it is the role of the professional to question political and organizational structures that do not promote social welfare (Appelbaum, 1987; Brown, 1997; Callahan, 1988; Felkenes, 1980; Kultgen, 1988; Mack, 1994; Prilleltensky & Fox, 1997). However, their current ability to question the state is limited.

It is apparent from the findings of the study that the scope of applied ethics in mental health in Cuba is greater than in North America. Ethics is the basis of integration of professional and social obligations. Cuban professionals strive to be sensitive to the social reality, analyzing and resolving ethical problems in consideration of the social context. This position is quite congruent with the participatory model of applied ethics (Bursztajn et al., 1987; Jordan & Meara, 1990).

Dilemmas and Decision-Making Processes

In this section I present the main ethical dilemmas faced by mental health professionals in North America and in Cuba, as well as the decision-making processes that

they use to resolve them. In the restrictive model of applied ethics, the solution to ethical dilemmas is supported by cognitive models of conflict resolution and decision-making (Hill et al., 1995; Rossiter et al., in press). Cuban professionals put emphasis on the resolution of ethical dilemmas, keeping in mind cognitive, affective, and subjective processes. I support the position of the Cuban professional and the feminist model of decision-making (Hill et al., 1995), for they suggest that applied ethics cannot be only a cognitive exercise but one that entails subjectivity and affectivity as well. The relevance of the feminist approach becomes apparent when we see the role of subjectivity in ethical decision-making processes throughout the interviews.

The main ethical violation in professional practice in the North American literature is the abuse of power of professionals (Brown, 1997; DeVaris, 1994; Dokecki, 1996; Hill et al., 1995; Loewenberg & Dolgoff, 1985; Mack, 1994; Prilleltensky et al., 1996; Woody, 1990). The participatory model promotes balance of power in the professional-client relationship, trying to share decisions and solutions in each particular situation (DeVaris, 1994; Dokecki, 1996; Larsen & Rave, 1995; Mack, 1994; Prilleltensky et al., 1998). The abuse of power stemming from an unequal privilege and status in society was drawn to our attention by feminist scholars.

The professionals interviewed, mostly psychologists, commented on the fact that they promote relations of camaraderie and solidarity, where the power is evenly distributed between professional-client, and among colleagues. However, when working in interdisciplinary teams with other mental health professionals, such as doctors and psychiatrists, they feel inferior. Many of these doctors were educated in the traditional

medical model that supports the idea of superiority because of their knowledge of illness, health control, and the treatment of the individual in their care. This is an example of how the organizational structure of the public health organisms in Cuba restricts the decision-making power of the psychologists by not giving them the opportunity to have administrative power, which is typically assigned to doctors. This organizational culture, which is a product of the traditional medical model, limits equality in relationships among colleagues in the mental health field in Cuba.

My findings concerning the organizational dynamics of the workplace and their influence on ethics parallel data obtained by Walsh-Bowers et al. (1996). Walsh-Bowers and colleagues identified interpersonal friction in the workplace as a primary ethical concern for social workers in a hospital setting. Workers often felt victimized by unfair treatment and policies. As in the present study, the social workers in the hospital study felt that they were subjected to unethical treatment by some physicians. This was manifested in lack of respect for social workers' opinions. The organizational climate, then, is an important factor in ethical dilemmas both in Cuba and in North America (see also Rossiter et al., 1998).

Ethical dilemmas experienced by mental health professionals in North America refer to inequality of power, exclusion of the client in the therapeutic process, stigmatization of the client, definition of problems exclusively in intrapsychic terms, violation of confidentiality, disrespect towards cultural diversity, oppression and discrimination (racial, ethnic, social status, sexual orientation, or gender)(Clark & Abeles, 1994; DeVaris, 1994; Larsen & Rave, 1995; Prilleltensky, 1997; Prilleltensky et al., 1998).

It is very interesting to observe that the dilemmas in Cuban society differ notably from the ethical dilemmas in North America. The worries of professionals in Cuba are at the level of social change: strengthening of moral values, recovery of the national economy, analysis of double morality phenomena, coordination and integration of interdisciplinary teams to resolve social problems (Torre & Calviño, 1996; Vasallo Barrueta, n.d.), and elimination of oppressive relations of any type that interfere with the promotion of social ideals.

I think that many of the successes of the revolution, in addition to the characteristics of Cuban culture, contribute to the fact that the dilemmas are not centred so much on competition and rivalry among colleagues but more on social issues.

I observed that the discussion of ethical dilemmas among professionals in Cuba is of an informal character. There is no systematization of ethical experiences and dilemmas faced by mental health professionals in Cuba. This lack of systematization and research is due to the little time assigned for reflection on moral dilemmas and the lack of material and technical resources (e.g., paper, computers, photocopiers, etc.) to record their viewpoints on the subject. Therefore, this thesis fulfils the objective of enriching the theory and practice of applied ethics in Cuba. This work has led to an academic exchange through discussions among colleagues in Cuba and academicians from Wilfrid Laurier University and York University in Canada, to work together on applied ethics.

Resources and Limitations to Resolve Ethical Dilemmas

The resources mentioned by the interviewees to solve ethical dilemmas are: government support to develop any kind of intervention that contributes to the solution of

social problems and to human and professional development, the support among colleagues to confer and discuss cases or dilemmas they are facing, and the forming of ethics committees to which they can refer for orientation and help in the resolution of moral dilemmas.

One participant mentioned that in capitalistic societies clients are charged for the services according to their economic situation and the stipulations of professionals, whereas in Cuba the salary that professionals receive is regulated by the state. This regulation contributes to the concentration of the professional on the value of work as such and not on the remuneration for services rendered, nor on the restriction of service to certain sectors of the population.

Despite the fact that there is a lot of support and camaraderie among psychologists, especially in the provinces, a centralization of resources in the capital was also observed. Psychologists in the interior would like to get greater academic cooperation and exchange of educational resources, as well as information on national and international events. Therefore, a suggestion was made to discuss ways to bring about greater cooperation between the capital and the provinces.

The role of ethics committees needs to be reconsidered, as their mandate is not clear to all professionals. Interviewees proposed to make better use of them and to make them accessible to interdisciplinary teams for advice and consultation and not just for punitive actions.

The organizational limitations experienced by professionals in Cuba are: (a) not enough discussion of ethical dilemmas, (b) little preparation about ethics, (c) lack of

dissemination of the code of ethics, and (d) limited material resources. Concerning limitations at the personal level, interviewees commented that professionals in Cuba, although open to dialogue, are very careful not to criticize colleagues to avoid hurting them. So, self-critique needs to be promoted as well as the willingness to accept positive criticism from other colleagues, as this ability would greatly contribute to professional and personal development.

Prevention of Harm

According to the restrictive model, engaging in non-ethical actions is the result of aberrant behaviour of a few professionals (Loewenberg & Dolgoff, 1985). According to the participatory model, the possibility of harming the client, intentionally or unintentionally, is latent in every professional (Prilleltensky et al., 1996). Health professionals in Cuba defined this position as "the dialectic of ethics." In order to avoid any type of harm, it is necessary to constantly confront, revise, and re-formulate the ways to behave and proceed in professional work. I also consider that the constant reflection of assumptions, moral values, interests, motivations, and professional actions contributes to greater clarity and responsibility of the professional in his/her practice.

Health professionals should initiate open discussions to talk about their views on what is happening in the country, and how these social changes influence their professional life. Also, I would suggest to conduct studies on generational differences in the way the crisis is experienced and how they respond to it, as well as its impact on their professional practice, to determine the role of the psychologist in the Cuban society.

The participants of the study gave several recommendations to foster the

development of applied ethics in the profession and to prevent non-ethical behaviour. As far as teaching and training is concerned, respondents suggested to offer ethics courses at the university and at postgraduate levels for every profession. Interviewees commented that in their psychology training, some courses make reference to professional ethics but the focus is mainly on clinical practice. Participants suggested to find better and more updated ways of teaching ethics. Emphasis is put on strengthening the education of values to encourage social responsibility and moral conscience in youth. Respondents proposed the institutionalization of formal reflection groups among colleagues, as well as committees to deal with cases of professional ethics. The need to know which are the serious moral conflicts and dilemmas faced by health professionals in Cuba was recognized. Such concerns should be followed by studies and the writing of articles about applied ethics in Cuba. The need of academic and professional exchange in and out of the country in order to search for better ways of cooperation with the Cuban professionals was mentioned by participants. Other suggestions focused on the need for adopting a critical position to enrich their professional work. This critical reflection implies assuming a critical posture toward professionals and their practice, examining the mental health disciplines from a moral perspective. As a result, scrutinizing basic assumptions and methodologies to see how these contribute, or not, to the moral development of the individual and of society.

The other group of recommendations refers to the implementation of codes of ethics. Participants suggested to bring the Cuban code of ethics up-to-date and to distribute it to all psychologists in Cuba. It is important for the professional to design

mechanisms to evaluate the quality of the service offered and to include indicators of performance of professional ethics. Respondents suggested that ethics committees provide continuous advice and evaluate the application of ethics norms by mental health professionals. In addition, participants suggested that those professionals who have violated the ethics code be suspended, temporarily or permanently, from practicing their profession.

Models of Ethics Across Cultures

Although Table 2 should be read cautiously, for it might simplify very complex issues, it is helpful in delineating some differences in the conceptualization of ethics across cultures. Table 2 shows in general terms the predominant concepts of ethics in North America and Cuba.

The restrictive and participatory frameworks introduced earlier in the thesis serve to understand cultural differences in applied ethics. With respect to key values and concepts, it would appear that North American professionals are concerned primarily with personal values, such as autonomy, whereas Cubans are more concerned with social values, such as solidarity and equality. North Americans still advocate value-neutral positions with respect to politics, claiming that the professional enterprise should remain detached from the realm of social ideology. Cubans, in contrast, are not reluctant to link professional with political objectives. It is part of the latters' revolutionary heritage to view civic and occupational duties as political activities that either promote or detract from social aims.

These cultural differences notwithstanding, both groups face what I consider

value-crises. North Americans experience a value-crisis because they are primarily confused with respect to the role of civic and political values in their professional life. Only few mental health professionals advocate for a clear and committed political stance (Doherty, 1995). The advent of post-modernism has not helped in this regard. On the contrary, much talk about relativism has weakened the resolve of psychologists to adopt a firm political stance, lest it should offend somebody (Prilleltensky, 1997). Cubans are experiencing a value-crisis of their own. Up until the late 1980s, Cuban society was prospering. Most people had faith in the cause of the revolution and its values. Since the collapse of the Soviet regime, economic calamities have clouded the spiritual resolve of the population to make sacrifices for the well being of the country. This crisis affects professionals deeply, primarily in light of the external or self-imposed silence regarding these issues. The lack of possibilities to engage in public dialogue about these problems prevents clear articulation of the issues.

With respect to scope and relevance of applied ethics, it would appear that Cubans are closer to the participatory model of applied ethics than North Americans. This position is so, because Cubans have a more holistic view of ethics whereby values and principles guiding professional behaviour are an extension of political, civic, and aesthetic values. There is not a sharp division between professional, family, and civic life, whereas in the North Americans milieu there is more fragmentation between different realms of life. The differences in scope and relevance are also manifested in the ethical dilemmas experienced by people across the political divide. The individualistic conceptions of ethics held in North America limit to a large extent ethical dilemmas to questions of interpersonal

exploitation. In Cuba, dilemmas are framed more in terms of systems. The more holistic view of ethics held by Cubans helps them to see the potential for harm in everyone. We are all influenced by subjective and political processes that interfere with our professional duties, Cubans might say. North Americans, in contrast, seem to believe that most professionals are able to put brackets around their social identities and are capable of discharging their professional duties without undue interference by subjective or political processes.

As noted elsewhere in this thesis, there are several differences between the conceptualization of ethics in Cuba and in North America. However, there are also similarities. The differences lie primary at the level of social values, Cubans showing more regard for the welfare of the community at large. The similarities are found primarily in the realm of interpersonal, interprofessional, and organizational dynamics. It appears that basic interpersonal processes such as the abuse of power and lack of respect for colleagues are phenomena common to both cultures. Professionals in both societies expressed resentment at being diminished by others in position of authority.

Another area of similarities between Cubans and North Americans concerns professional values of empathy, respect for the client, and confidentiality. Both sets of professionals aspire to uphold the dignity of the client as much as possible. It was noted in my research that participants wanted more training and professional development opportunities on applied ethics. This concern was the same as in the case of North American participants in previous applied ethics studies (Prilleltensky et al., 1998; Rossiter et al., 1996; Walsh-Bowers et al., 1996).

Another area of similarities concerns the self-preservation of the profession. In both cases professionals strive to uphold the view of the profession in the eyes of the public. Regardless of internal conflicts within the professions and institutions, mental health workers in both societies are engaged in self-preservation and building up of societal resources to support their work.

In summary, it would appear that Cuban professionals are closer to the participatory model of ethics than North Americans, and that the latter show a preference for the restrictive model. North Americans, I believe, could learn from Cubans how to conceptualize ethics in more holistic and participatory terms. Cubans, in turn, could greatly benefit from the freedom of speech enjoyed by North Americans. The irony is that North Americans refrain from using their freedom of speech and miss opportunities to critique the political status quo; whereas Cubans, who are more adept at seeing ethics as part of a political context, are limited in their opportunities to articulate systemic critiques. In simplistic terms, North Americans can speak, but do not always see; whereas Cubans see, but cannot always speak.

TABLE 2

DIMENSIONS OF APPLIED ETHICS

VALUES AND CONCEPTS OF APPLIED ETHICS		
NORTH AMERICA	CUBA	INTERPRETATION
Tendency to centre ethics on individualistic values: autonomy, non-malice, benevolence	Ethics is centred on social and civic values: solidarity, collectivism, equality, independence and freedom, dignity, social justice	In North America values promote the "good life." In Cuba values promote the "good society"
Tendency not to support a critical or political position. The neutrality of science is advocated	The professional advocates a critical position, but is somewhat censored in his/her freedom of expression	Professionals in Cuba see the professional as an agent for social welfare
There is a value crisis due to moral neutrality	There is a value crisis due to economic and political survival factors	The present challenges for Cuba are: to save their economy and to keep their social project
Concepts of professional ethics refer to correct or incorrect actions as determined by ethics codes	Concepts of professional ethics refer to a "way of life" which is incorporated in art, politics, education, morality, private and professional life	In Cuba the vision of ethics is more holistic
SCOPE AND RELEVANCE		
NORTH AMERICA	CUBA	INTERPRETATION
Ethics is removed from daily reality	Ethics focuses on the solution of social problems	Professionals in Cuba are more sensitive to social context
Ethics is reserved for special occasions where a violation of moral codes occurred	Ethics implies a continuous reflection on the actions of the professional	Professionals in Cuba appear more aware of the moral implications of their actions
Limited contextualization of ethics	Historical-cultural contextualization of ethics based on dialectic materialism	The vision of ethics in Cuba is macro-social
Supporting the status quo	Questioning of unjust structures, but limited opportunities to act politically	For different reasons, professionals in both contexts support the state

DILEMMAS		
NORTH AMERICA	CUBA	INTERPRETATION
Dilemmas centred on abuse of power of the professional towards the client (e.g., sexual abuse)	Dilemmas centred on viability of the social project (e.g., elimination of prejudices and oppressive dogmas, strengthening of moral values, analysis of double morality phenomenon)	In both contexts the dilemmas relate to oppressive relations. In North America emphasis is put on the professional-client relation. In Cuba emphasis is on oppressive social relations -at the family, work, organizational levels-
Tendency to relationships of superiority of the professional over the client	Promotion of camaraderie, companionship, and equality	Commercialization of therapy in North America has negative repercussions

PREVENTION OF HARM		
NORTH AMERICA	CUBA	INTERPRETATION
Some professionals can cause harm due to their deviant behaviour	There is potential in all professionals to cause harm	Ethics requires constant revision, confrontation and re-formulation of the professional's work

RESOURCES AND LIMITATIONS IN SOLVING OF ETHICAL DILEMMAS IN CUBA	
RESOURCES	LIMITATIONS
Government support of professionals' work	At Organizational level:
Support among colleagues to discuss ethical dilemmas	* Limited discussion and preparation in professional ethics * Subtle censorship * Code of ethics is not publicized * Lack of material resources
Creation of ethics committees to guide the professional	At Personal level:
	* Lack of self-criticism * Lack of professional experience of recent graduates

TABLE 3

RECOMMENDATIONS FOR THEORY AND RESEARCH IN APPLIED ETHICS IN CUBA
* Discussion, analysis and investigation of social changes in Cuba and their repercussion on the social and professional morale. * Study generational differences in the experience of the special period. * Determine the role of psychologists facing the present challenges of the country. * Research and development of publications about applied ethics in Cuba. * Critical analysis of double morality phenomenon. * Systematization and research of ethical dilemmas experienced by mental health professionals. * Revision of positions, assumptions, and methodologies of mental health disciplines to determine their contribution to the moral development of individuals and society.

TABLE 4

RECOMMENDATIONS FOR THE PRACTICE OF APPLIED ETHICS IN CUBA
Organizational Changes: * Review of organizational structures that prevent egalitarian relationships between mental health professionals. * Search for exchange of resources and information among professionals of Havana and the provinces. * Academic and professional exchange with other countries. * Revision and actualization of the functions of ethics committees. * Greater freedom to discuss impact of political structures on professional morale.
Teaching: * Update teaching methods of ethics. * Strengthening values in children and youth. * Teaching of ethics courses to undergraduates and graduate in all professions. * Institutionalization of interdisciplinary groups for reflection about ethical dilemmas.
Implementing the Code of Ethics: * Actualization and publication of code of ethics. * Continuous revision and evaluation of professionals' practice. * Revoke license to practice whenever warranted.
Attitude: * Assuming a critical position toward self, the discipline, other professionals, and the state. * Constant reflection about theoretical assumptions, values, motivations, and professional actions.

Limitations and Contributions of the Study

Table 2 summarized the North American and Cuban conceptions of ethics in a general way. I noted that there is a tendency in North America towards an individualistic and limited understanding of applied ethics. These generalizations are not representative of all mental health professionals in North America, some of whom view ethics from a social perspective and are in disagreement with traditional restrictive models. It would seem that these two viewpoints were outlined as extremes on a continuum, without acknowledging intermediate positions. To overcome this limitation, we should elaborate ways of detecting and incorporating different positions on this continuum.

The greatest limitation of this study is the fact that the positive qualities of the health model in Cuba may have been over-emphasized. Participants mentioned negative aspects of their practice only briefly, which could have given the impression that working conditions and the mental health model in Cuba are ideal. But as we saw earlier, the situation in Cuba is not ideal. This study offers a first glimpse of the difficulties experienced by Cuban mental health professionals. Whereas some participants were somewhat reserved in their critical comments, others maintained that there was nothing to fear and felt free to critique government bodies and colleagues.

For a future study it is necessary to discuss at length the difficulties faced by Cuban colleagues, such as not being able to talk freely about the "double morality phenomena," the lack of exchange of resources among professionals in the cities and those in the provinces, and the disagreement between professionals educated within the traditional medical model and those professionals who are opposed to this model. Also,

when speaking about the challenges that psychologists face in Cuba today, they refer to ways of making the revolutionary project viable in everyday life. The interviewees mentioned some concrete examples of conduct that are required to materialize the social ideal, such as the elimination of stereotypes in the traditional roles of men/women, and the eradication of racial discrimination that persists. There is no mention on how psychologists can achieve these goals nor are there any specific examples on how to realize the social ideal.

The main contribution of this study is to present conceptions of ethics from the perspective of mental health professionals in Cuba, to reflect and to learn from their viewpoints, their contributions, and their work. From a theoretical point of view, I found that the social context greatly determines one's orientation to ethics. In a collectivist society, more emphasis is placed on a social approach to ethics. The study also confirmed previous findings concerning the central role of subjectivity and organizational dynamics in the conception of applied ethics. From a methodological viewpoint, this study represents a very good example of a qualitative study based in participatory methodology, which incorporates experiences of the participants of the study. The participants felt heard and included in various stages of the study, and they found themselves reflected in it. This inclusion gave the participants good motivation to get to know the findings and to keep reflecting on the subject.

Given the limitation of material resources of Cuban professionals, they are unable to systematize and put their experiences and successes on paper. This is why this study represents a great opportunity to recover these experiences and to give participants

feedback for them to reflect, analyze, and to enrich their own points of view on applied ethics.

The findings of this thesis have generated several ideas for future research: (a) to address the challenges of mental health professionals in Cuba in the present situation and to prepare an action plan to face these challenges; (b) to contribute to a revision and preparation of a Cuban code of ethics for psychologists; (c) to further explore the ethical dilemmas that Cuban professionals face, and (d) to disseminate Cuban civic and professional values in other countries.

Personal Conclusions

The preparation of this thesis represented for me an opportunity to see community psychology values embodied in the work of mental health professionals in Cuba. It is work that is creative, challenging, organized, politicized, fulfilling, and hopeful, in one word: TRANSFORMING. To get to know these social transformers close-up has strengthened my resolve to contribute to the social change that our American continent needs to promote and build a just and humanitarian society.

I understood that to talk, discuss, or analyze from outside the socio-economic or political situation of any country is questionable. In Cuba's case, a candescent subject and a candescent country, the opinions that surface when talking about ideology and the revolutionary processes are controversial. Therefore, I trust that my contribution, through this thesis, will reflect the voices of mental health professionals in Cuba, and that it will incite and encourage them to take the subject up again and to start discussions to enrich the theory and practice of professional ethics. This experience has allowed me to value the personal commitment needed to prepare a participatory work.

My understanding of ethics has changed considerably since my involvement with this study: It has ceased to be the traditional view focused on abstract moral rules found in ethical codes that are only rarely used and that are largely irrelevant to the daily work of many professionals. Ethics is the subject of constant individual and social reflection.

I learned that it is necessary to embody, live, and promote ethics, otherwise the danger exists that it will remain a removed moral discourse. What is needed TO BRING ETHICS TO LIFE is an honest process of personal confrontation with one's values.

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Appendix A

Consent Form

October 1997.

Dear Participant:

My name is Laura Sánchez. I am from México. I completed my Bachelor's Degree in México focusing my work on street children. Presently I'm a graduate student working on my Master's Degree in Community Psychology at Wilfrid Laurier University in Canada. I'm now here in Cuba with the intention to continue a study on Applied Ethics in Psychology which is being carried out in Canada by Dr. Isaac Prilleltensky, who is here in Cuba right now presenting a paper on the subject at a Conference, and interviewing psychologists whose work is related to clinical and/or community practice.

The intention of the study is to investigate ethical dilemmas in the mental health field. Our research method is qualitative, through which we interview workers in the mental health field and obtain their opinions about applied ethics and moral dilemmas they may encounter in their work. Four studies have been concluded in various social service agencies in Canada. Although these studies have been very informative, we feel the need to compare their results with perspectives and views of social workers from other political and ideological circles. This is why my objective in interviewing you is to learn what the thoughts and ideas of Cuban colleagues are with respect to professional ethics.

I thank you very much for your participation in this interview, and wish to request your consent to use this information for my Master's thesis. We would also like to use this information to integrate it in our studies done in Canada on Ethical Dilemmas in Psychology, and present it in future publications or conferences carried out by either Dr. Isaac Prilleltensky and/or Laura Sánchez. To assure your confidentiality and anonymity I will take the following precautions: Your name will not appear on any document nor will the name of your institution be identified. If you participate in a focus group I'll ask you not to divulge comments made by other participants of the group to anyone outside the group, to ensure the anonymity and trust of all the participants. You can abandon the interview or the focus group at any time without any kind of repercussions. I would like to ask for your permission to record this interview. This recording would then be transcribed in Canada and the information would be erased from the cassettes after it is analyzed. With your consent, some textual quotes would be used to exemplify the subjects discussed in the interview and/or the focus group. In the case that you should have reservations to record the interview, I would like to ask you to allow me to make notes about the dialogue, or, should you have an idea of another method to register the information of our discussion, please let me know. If you wish, you can sign this consent form indicating your participation in this study, or you can give your consent verbally to me.

This study will take place from October 4, 1997 to April 30, 1998. Please indicate if you want me to send you a summary of the results. As there may be worries concerning privacy of mail and communication with Cuba, the type and nature of feedback will be discussed with each participant in order to ensure his/her anonymity. I thank you for your participation in this research.

Signature of participant _____ Date_____

Signature of researcher _____ Date _____

Appendix B

Interview guide

Applied Ethics in Mental Health

Following is the questionnaire on which the interview will be based. The objective of this interview is to learn about the thoughts of Cuban mental health professionals with respect to professional ethics. The method used will be participative, allowing the interviewee to extend or add to the questionnaire any aspects that the researcher may have missed.

1. What is your understanding of professional ethics?

2. What are the ethical values that guide your professional work?

3. What are some examples of ethical dilemmas that you encounter in your work?

4. What types of resources and processes do you have to solve ethical problems in your work? (personal, professional, institutional and social resources)

5. What are the processes or structures that prevent or inhibit the resolution of ethical problems in your work? (personal, professional, institutional and societal barriers)

6. What type of recommendations would you make to prevent non-ethical behaviour of professionals? (personal, professional, institutional and social level)